



ANNUAL REPORT

ON THE

HEALTH

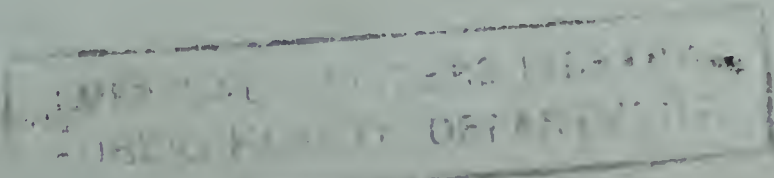
OF THE

CITY OF SHEFFIELD

For the year 1953.

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

Medical Officer of Health.





ANNUAL REPORT

ON THE

HEALTH


OF THE

CITY OF SHEFFIELD

For the year 1953.

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

Medical Officer of Health.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30080812>

PRINCIPAL CONTENTS.

	Page
HEALTH COMMITTEE	4
PUBLIC HEALTH STAFF	6
GENERAL STATISTICS	8
VITAL STATISTICS	15
ACUTE RHEUMATISM	37
MATERNITY AND CHILD WELFARE (CARE OF MOTHERS AND YOUNG CHILDREN)	38
DENTAL SERVICES	60
MIDWIFERY	62
HEALTH VISITING	65
HOME NURSING	73
DOMESTIC HELP	76
VACCINATION AND IMMUNISATION	77
AMBULANCE SERVICES	80
WELFARE SERVICES FOR BLIND AND PARTIALLY SIGHTED PERSONS	82
WELFARE SERVICES FOR HANDICAPPED PERSONS OTHER THAN THE BLIND OR PARTIALLY SIGHTED	91
PREVENTION OF ILLNESS, CARE AND AFTER-CARE	102
MENTAL HEALTH SERVICE	109
THE PITSMOOR STORY	111
SANITARY ADMINISTRATION	120
HOUSING	132
FOOD AND DRUGS	136
MEAT INSPECTION	146
METEOROLOGY	149

CITY OF SHEFFIELD.

HEALTH COMMITTEE

as at 31st December, 1953.

THE LORD MAYOR :
(COUNCILLOR OLIVER S. HOLMES, F.C.A., J.P.)

Chairman : ALDERMAN W. E. YORKE, C.B.E., F.R.San.I., J.P.

Deputy-Chairman : COUNCILLOR J. S. WORRALL.

Alderman	E. S. GRAHAM, LL.D., J.P.	Councillor	Miss J. MELLORS.
„	H. SLACK.	„	W. MORRISON.
„	Mrs. G. TEBBUTT, J.P.	„	H. OLIVER.
Councillor	G. ARMITAGE.	„	D. J. O'NEILL, J.P.
„	R. B. ASHMORE.	„	J. PATE.
„	G. T. BUTTERY.	„	E. SCOTT.
„	H. S. GENT.	„	J. SHAW.
„	Mrs. A. IVES, J.P.	„	Mrs. P. SHEARD, B.A.
„	H. LAMBERT.	„	R. E. STANILAND.
„	J. W. MATE.		

SUB-COMMITTEES.

General Sub-Committee.

Chairman : Alderman W. E. YORKE.

Alderman	E. S. GRAHAM.	Councillor	J. W. MATE.
Councillor	G. T. BUTTERY.	„	D. J. O'NEILL.
„	H. S. GENT.	„	E. SCOTT.
„	Mrs. A. IVES.	„	Mrs. P. SHEARD.
„	H. LAMBERT.	„	J. S. WORRALL.

Maternal, Infant and Nursing Welfare Sub-Committee.

Chairman : Councillor Mrs. A. IVES.

Alderman	Mrs. G. TEBBUTT.	Councillor	Miss J. MELLORS.
Councillor	R. B. ASHMORE.	„	W. MORRISON.
„	G. T. BUTTERY.	„	J. SHAW.
„	H. S. GENT.	„	Mrs. P. SHEARD.
„	J. W. MATE.		

Mental Health Sub-Committee.

Chairman : Councillor J. SHAW.

Councillor	G. ARMITAGE.	Councillor	W. MORRISON.
„	H. S. GENT.	„	H. OLIVER.
„	Mrs. A. IVES.	„	J. PATE.
„	H. LAMBERT.	„	J. S. WORRALL.

Disabled Persons Welfare Sub-Committee.

Chairman : Councillor E. SCOTT.

Alderman	E. S. GRAHAM.	Councillor	D. J. O'NEILL.
„	Mrs. G. TEBBUTT.	„	J. SHAW.
Councillor	G. T. BUTTERY.	„	R. E. STANILAND.
„	J. W. MATE.	„	J. S. WORRALL.
„	Miss J. MELLORS.		

Special, Staffing, etc., Sub-Committee.

Chairman : Alderman W. E. YORKE.

Alderman	H. SLACK.	Councillor	Mrs. A. IVES.
„	Mrs. G. TEBBUTT.	„	D. J. O'NEILL.
Councillor	H. S. GENT.	„	J. S. WORRALL.

REPRESENTATIVES ON OTHER BODIES, Etc.

Joint Committee—Blind Department and Royal Sheffield Institution.

Alderman E. S. GRAHAM.

Councillor J. S. WORRALL.

Councillor E. SCOTT.

General Council of the North Regional Association for the Blind.

Alderman H. SLACK.

Councillor E. SCOTT.

General Council of the North Regional Association for the Deaf.

Councillor R. B. ASHMORE.

Councillor E. SCOTT.

North Eastern Federation of Members of the Queen's Institute of District Nursing.

Councillor H. S. GENT.

Councillor J. S. WORRALL.

„ Mrs. A. IVES.

Placement Committee of the Sheffield Association in Aid of the Adult Deaf and Dumb.

Councillor E. SCOTT.

Sheffield and District Convalescent and Hospital Services Council (Inc.).

Councillor R. B. ASHMORE.

Councillor J. S. WORRALL.

„ Mrs. A. IVES.

Sheffield Standing Committee on Juvenile Delinquency.

Councillor J. SHAW.

Sheffield Voluntary Association for Mental Health.

Councillor J. SHAW.

REPRESENTATIVES OF LOCAL HEALTH AUTHORITY ON OTHER BODIES.

National Health Service Act, 1946 :—

Executive Council for the City of Sheffield.

Alderman C. W. GASCOIGNE.

Councillor H. S. GENT.

„ H. SLACK.

„ H. LAMBERT.

„ Mrs. G. TEBBUTT.

„ Mrs. P. SHEARD.

Councillor W. DAWSON.

„ J. H. SKELTON.

Sheffield Regional Hospital Board.

Councillor J. S. WORRALL.

Sheffield Hospital Management Committee No. 1.

Alderman A. E. HOBSON.

Councillor J. W. MATE.

„ Mrs. P. SHEARD.

Sheffield Hospital Management Committee No. 2.

Councillor Mrs. A. IVES.

Mrs. O. H. MAPLES, M.B.E.

Sheffield Hospital Management Committee No. 3.

Councillor Mrs. L. E. GRAHAM.

Councillor J. S. WORRALL.

Sheffield Hospital Management Committee No. 4.

Alderman H. SLACK.

PUBLIC HEALTH STAFF

AT 1st APRIL, 1954.

MEDICAL STAFF.

Medical Officer of Health :

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

Deputy Medical Officer of Health :

WILLIAM FIELDING, M.D., B.Sc., D.P.H.

Maternity and Child Welfare—

Senior Assistant M. and C. W. Medical Officer

Assistant M. and C. W. Medical Officers -

ANN KIRK BLACK, M.B., Ch.B.

CATHERINE H. WRIGHT, M.B., Ch.B., D.P.H.

ZOFIA SZARNAGIEL, M.B., Ch.B.

J. A. G. WATSON, M.B., B.S.

KAZIMIERA H. TLUSTY, M.D., D.C.H.

AILEEN P. M. DRING, M.B., B.S.(Lond.),
M.R.C.S., L.R.C.P., D.R.C.O.G.

(Part-time)

J. BLYTH, M.D. (Edin.).

R. D. DOWNIE, M.B., Ch.B.

M. H. TURNER, M.B., Ch.B.

BARBARA S. GORDON, M.B., Ch.B.

PAMELA LAWS, M.R.C.S., L.R.C.P.

MARJORIE H. E. FLOWERDAY, M.B., Ch.B.

JOSEPHINE STONER, M.B., Ch.B.

RAY GRAHAM, B.A., M.B., B.Ch., B.A.O., L.M.

SHELAGH TYRRELL, M.B., Ch.B., D.C.H.

JEAN A. PETTIGREW, M.R.C.S., L.R.C.P.

JEAN CLEGHORN, M.B., Ch.B., D.R.C.O.G.,

KATHLEEN M. HAWKINS, M.B., Ch.B.

**Honorary Consultant Obstetrician - -*

W. J. CLANCY, M.B., B.Ch., B.A.O., M.R.C.O.G.

**Orthopaedic Specialist (Honorary) - -*

E. G. HERZOG, M.B., B.S., M.R.C.S., L.R.C.P.

**Honorary Consultant in Pediatrics - -*

R. S. ILLINGWORTH, M.D., F.R.C.P., D.P.H., D.C.H.
Professor in Child Health at Sheffield University.

Mental Health Service—

**Honorary Consultant- - - -*

F. J. S. ESHER, M.B., Ch.B., M.R.C.S., L.R.C.P.,
D.P.M., F.B.Ps.S.

Consultant (Visiting) - - - -

DOROTHY JOHNSTON, M.B., Ch.B.

Prevention of Illness, Care and After-Care—

Senior Assistant Medical Officer - - -

JEAN B. PARKER, M.B., Ch.B.

**Consultant (Tuberculosis) - - - -*

H. MIDGLEY TURNER, M.D., M.R.C.P., D.P.H.

*Undertakes part-time duties in this Service in a consultant capacity.

City Analyst - - - - -

H. CHILDS, B.Sc., F.R.I.C.

Senior Dental Surgeon - - - - -

E. COPESTAKE, L.D.S.

OTHER STAFF.

General Administration—

Chief Administrative Assistant - - - - - W. MORRIS

Senior Administrative Assistant - - - - - S. F. BURGIN

Senior Accountancy Assistant - - - - - E. WALSHAW

Senior Statistical Assistant - - - - - F. GARFITT

Senior Staff Assistant - - - - - L. DARLEY

Statistical Assistant - - - - - J. PREECE

Correspondence Clerk and M.O.H.'s Secretary - - - - - Miss H. A. CUTTS

4 Senior Clerical Assistants, 12 Clerical Assistants, 5 Clerical Assistants (Supernumerary)

Sanitary Administration—

Senior Administrative Assistant - - - - - R. P. HARPHAM

Senior Clerical Assistant - - - - - J. R. BINGHAM

3 Senior and 5 other Clerical Assistants.

General Sanitary Inspection—

Superintendent Sanitary Inspectors - - - C. F. CHALLENGER W. CURTIS
H. B. WARD F. T. TWELVES
G. ROBINSON

Assistant Superintendent Sanitary Inspectors - F. M. COCKCROFT J. D. BELL
S. CURTIS F. BAINBRIDGE
J. W. BOULTON

20 District Sanitary Inspectors, and 1 Pupil Sanitary Inspector.

Disinfection, Disinfestation, Transport of Stores, etc.—

Superintendent - - - - - J. SISSONS

Assistant Superintendent and 21 General Assistants.

Food Inspection—

Superintendent Food and Drugs Inspector - - - - - G. A. KNOWLES

Assistant Superintendent Food and Drugs Inspector. - - - - - R. MOORE

2 Food and Drugs Inspectors.

Meat Inspection—

Superintendent Meat Inspector - - - - - G. WHITELEY
Assistant Superintendent Meat Inspector - - - - - C. F. DEAN

3 Meat Detention Officers, 2 Sanitary Inspectors (Abattoir), 1 Clerical Assistant and 1 General Assistant (part-time).

Smoke Inspection—

Superintendent Smoke Inspector - - - - - J. LAW
Assistant Superintendent Smoke Inspector - - - - - H. STENTON

2 Smoke Inspectors.

Rodent Control—

Rodent Officer - - - - - M. BEEVOR

10 Rodent Operatives, 4 Labourers.

Maternity and Child Welfare (Care of Mothers and Young Children)—**Health Visiting—****Midwifery—**

Chief Administrative Assistant - - - - - Miss E. A. MARTIN
Chief Clerk - - - - - Miss D. LEIGHTON

4 Senior Clerical Assistants, 30 Clerical, etc., Assistants, 3 Clerical Assistants (part-time), 21 General Staff.

Superintendent Health Visitor - - - - - Miss I. LITTLEWOOD
Assistant Superintendent Health Visitor - - - - - Mrs. N. HUTHWAITE.
Superintendents of Infant Welfare Centres - Miss D. A. COOLING Miss O. B. DE NEUMANN

37 Health Visitors, 3 Student Health Visitors, 4 Clinic Nurses, 11 Clinic Attendants.

Non-Medical Supervisor of Midwives - - - - - Miss M. J. YATES.

41 Midwives directly employed by City Council.

2 Midwives employed under arrangements with the Jessop Hospital for Women.

2 District Nurse Midwives.

Nurseries—

Supervisory Matron - - - - - Mrs. G. M. HAWLEY

Matrons of Nurseries :

Beet Street	-	-	Mrs. B. H. BYGATE	Firth Park	-	-	Mrs. M. E. OLLERENSHAW
Carbrook	-	-	Mrs. A. BARTON	Langsett Road	-	-	Mrs. E. D. BROWN
Cradock Road	-	-	Miss J. SCARRATT	Meersbrook Park	-	-	Mrs. E. A. FEARN
Darnall	-	-	Miss K. E. BENNETT	Swinton Street	-	-	Mrs. M. H. SANDERSON

68 Staff Nurses, Staff Nursery Nurses, Enrolled Assistant Nurses, Nursery Assistants and Nursery Students. 30 Domestic Staff.

Mother and Baby Home—

Matron - - - - - Miss M. L. HODGES

Assistant Matron, 2 Domestic and other staff (part-time).

Domestic Help Service—

1 Senior and 2 Junior Clerical Assistants. 83 whole-time and 100 part-time Domestic Helps.

Home Nursing—**Johnson Memorial Home (and associated Homes)—**

Superintendent - - - - - Miss M. A. REEVES
Assistant Superintendents - - - - - Miss O. USHER Miss D. COLBECK

16 District Nurses, 2 Student District Nurses, 30 District Nurses (part-time),

5 Domestic and other staff, 4 Domestic and other staff (part-time).

Princess Mary Home—

Superintendent - - - - - Miss M. TATE
Assistant Superintendent - - - - - Miss B. M. WALKER

7 District Nurses, 16 District Nurses (part-time), 4 Student District Nurses, 2 Domestic and other staff, 3 Domestic and other staff (part-time).

Vaccination and Immunisation—

Officer in Charge - - - - - A. MOBLEY

2 Clerical Assistants.

Ambulance Services—

Ambulance Officer - - - - - E. H. MEDLEY
Deputy Ambulance Officer - - - - - F. C. KELSEY

9 Clerical Assistants, 1 Clerical Assistant (part-time), 1 Head Ambulance Driver, 5 Shift Leaders, 43 Drivers, 24 Attendants, 5 Garage Staff, 2 Domestic and other staff, 1 Domestic and other staff (part-time).

Care and After-Care Service—Welfare of other Handicapped Persons—

Senior Administrative Assistant - - - - - F. McWATT

2 Clerical Assistants.

Co-ordinating Officer - - - - - W. WOOD

Mental Health Service—

Administrative Officer - - - - - G. E. B. WHILLOCK
Psychiatric Social Worker - - - - - Miss E. V. JONES.

1 Senior and 4 other Clerical Assistants, 3 Duly Authorised Officers, 4 Assistant Duly Authorised Officers, 4 Mental Health Visitors.

Occupation Centre—

Superintendent - - - - - V. H. BAKER

1 Charge Nurse, 1 Nursing Assistant, 6 Assistant Supervisors (unqualified) and 3 Domestic and other staff.

Welfare of the Blind Service—

Superintendent - - - - - A. J. BAKER
Head Clerk - - - - - Miss E. E. CLARK

2 Senior and 8 other Clerical Assistants, 8 Home Teachers, 92 Workshops (including Salesshop) Staff (including 72 blind persons), 4 other staff, 5 other staff (part-time).

GENERAL STATISTICS

AREA (at 31st December, 1953)	..	..	..	..	..	..	..	..	(acres)	39,598
POPULATION—Census 1951	..	..	..	..	..	..	..	..	..	512,850
Estimate of Registrar General—Home population year 1953	..	..	..	..	..	..	..	..	..	507,600
APPROXIMATE NUMBER OF HOUSES (at 31st December, 1953)	..	..	..	..	..	..	..	..	..	155,649
RATEABLE VALUE (1st October, 1953)	..	..	..	..	..	..	..	..	..	£3,515,435
SUM REPRESENTED BY A PENNY RATE (Year 1953-54)	..	..	..	..	..	..	..	..	..	£14,032

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1953.

				Total.	Males.	Females.		
LIVE BIRTHS—								
Legitimate	..	..	..	6,787	3,535	3,252	} Birth Rate per 1,000 of population	13·9
Illegitimate	..	..	..	268	144	124		
Totals	..	..	..	7,055	3,679	3,376		
STILLBIRTHS	..	..	..	182	102	80	Rate per 1,000 total (live and still) births	25
DEATHS (All Causes)	..	..	..	6,041	3,253	2,788	Death Rate per 1,000 of population	11·9

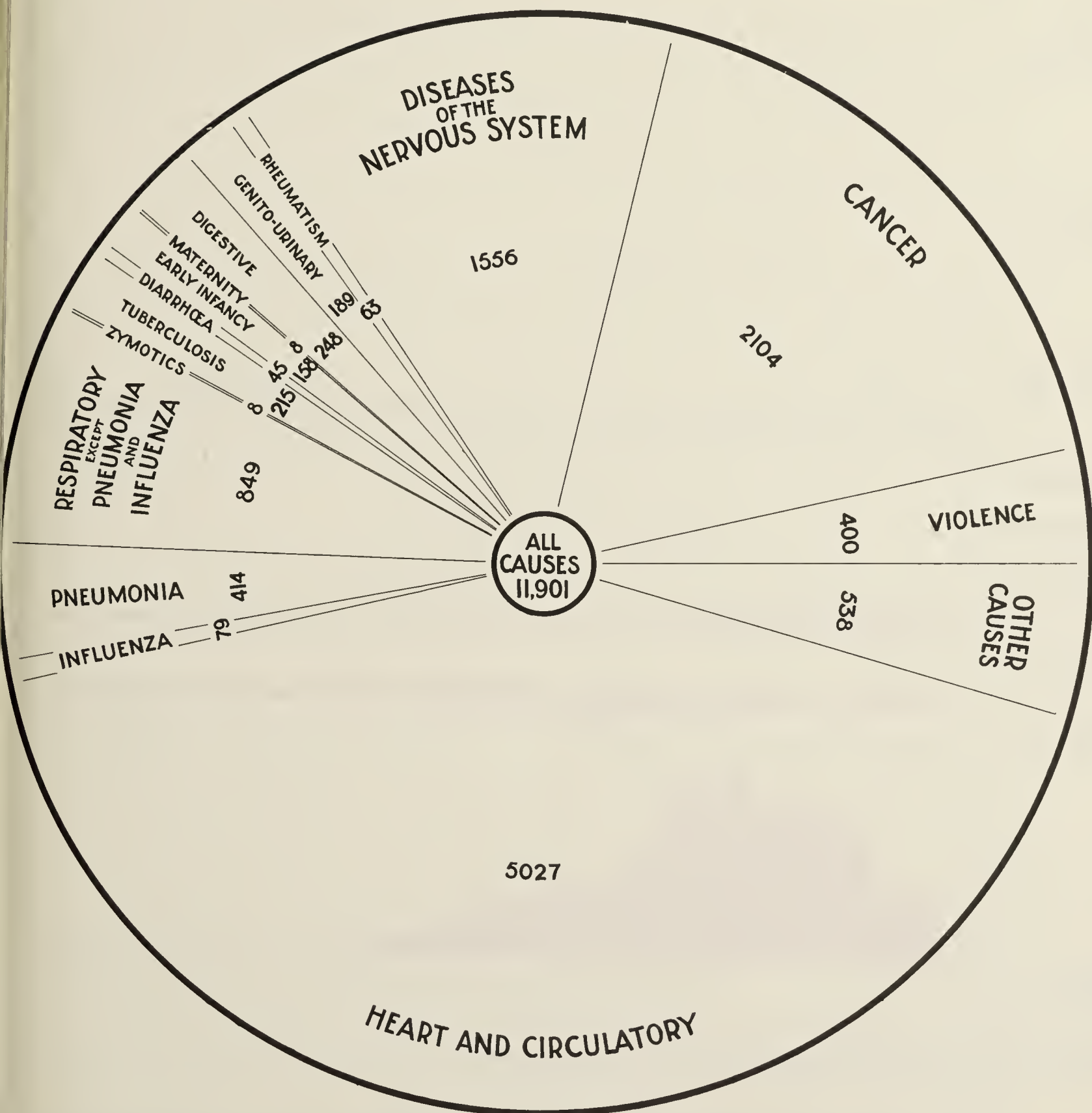
DEATHS OF INFANTS UNDER ONE YEAR OF AGE—

All Infants	..	..	..	..	Deaths	..	181	Rate per 1,000 live births	26
Legitimate Infants	..	..	..	..	Deaths	..	175	Rate per 1,000 legitimate live births	26
Illegitimate Infants	..	..	..	..	Deaths	..	6	Rate per 1,000 illegitimate live births	22

DEATHS FROM CERTAIN CAUSES—

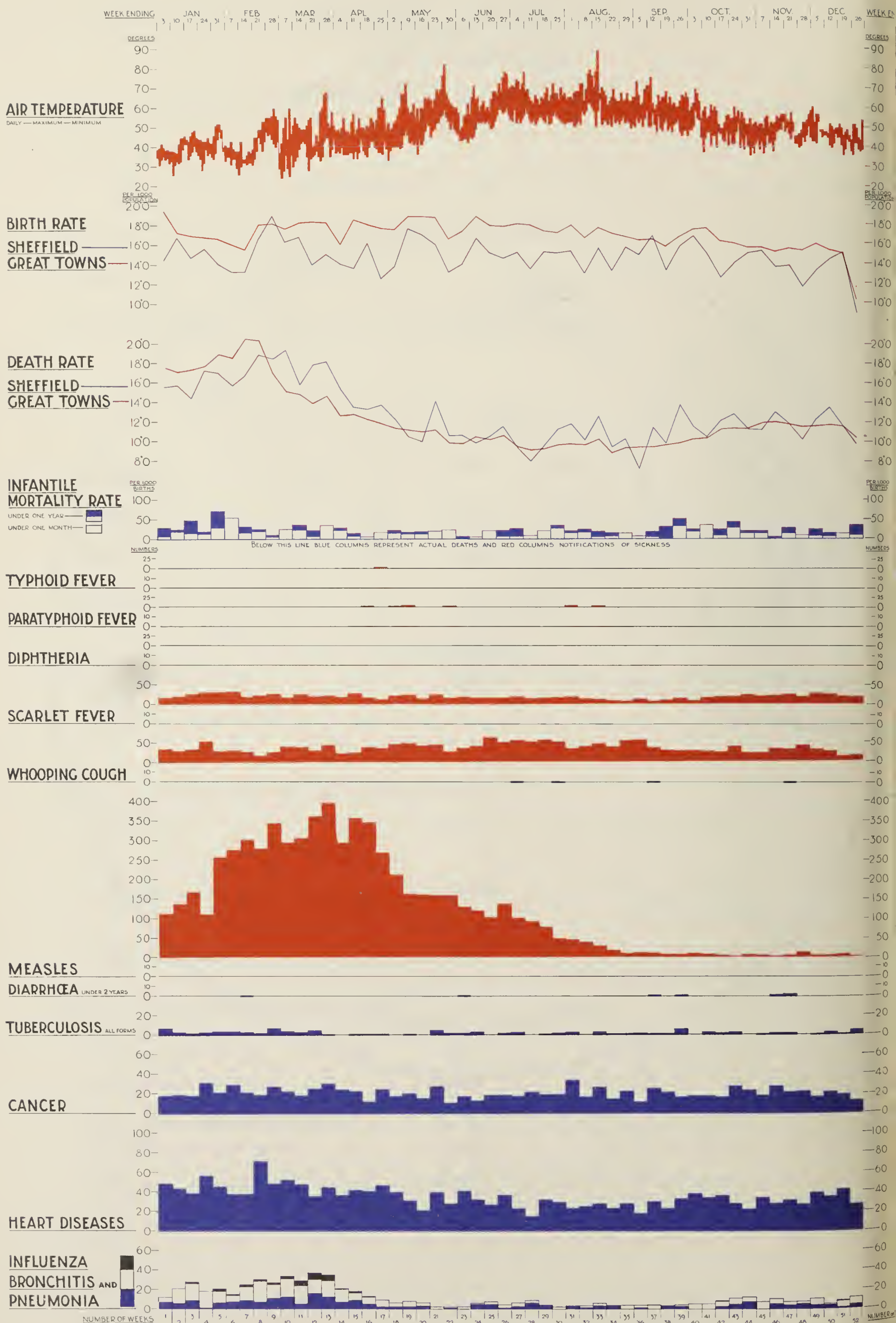
Puerperal Sepsis	..	..	..	..	Deaths	..	1	} Rate per 1,000 total (live and still) births	0·14
Other Maternal Mortality	..	..	..	..	Deaths	..	3		0·41
Total Maternal Mortality	..	..	..	..	Deaths	..	4		0·55
Tuberculosis of Respiratory System	..	..	..	..	Deaths	..	100	} Rate per 1,000 of population	0·20
Other forms of Tuberculosis	..	..	..	..	Deaths	..	9		0·02
Cancer	..	..	..	..	Deaths	..	1,068	Rate per 1,000 of population	2·10

CITY OF SHEFFIELD
DEATH RATES PER
MILLION OF THE POPULATION
1953



1953

CITY OF SHEFFIELD VITAL AND MORTAL STATISTICS



CITY OF SHEFFIELD.

Public Health Department,

Town Hall Chambers.

September, 1954.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit the Annual Report on the Health of the City of Sheffield for the year 1953.

The birth rate of the City was 13·9 per 1,000 in 1953 and, after falling steadily during the previous five years, showed a slight rise above the record low rate of 1952. The England and Wales rate, which has shown a similar trend during this period, was 15·5 per 1,000.

The general death rate was 11·9 per 1,000, which is a little above the rate of 11·6 in 1952 and is also higher than the England and Wales death rate of 11·4 per 1,000.

The 1953 infant mortality rate was again gratifyingly low, being 26 per 1,000 live births as compared with the record low rate of 24 per 1,000 in 1952. The England and Wales rate for the year 1953 was 27 per 1,000. Deaths of infants in the first four weeks of life in the City gave a neonatal mortality rate of 16 per 1,000 births, as against a rate of 15 per 1,000 in 1952.

The following statement gives a comparison between causes of deaths in the City of infants under one year of age in 1952 and 1953. The number of deaths due to Injury at Birth has been considerably reduced during the year, but there were increases in regard to some important causes, notably Pneumonia and Immaturity (unqualified).

Deaths of infants under 1 year.

Comparison of 1953 with 1952.

Deaths in 1953 compared with 1952, showing amount of increase from certain causes					Deaths in 1953 compared with 1952, showing amount of decrease from certain causes				
Whooping Cough	..	..	..	3	Bronchitis	..	..	..	2
Pneumonia	..	..	..	8	Injury at Birth	..	..	..	8
Congenital Malformations	..	..	..	3	Inhalation and Ingestion of Food				
Post-natal Asphyxia and Atelectasis	..	..	..	3	causing Obstruction and Suffoca-				
Immaturity (unqualified)	..	..	..	15	tion	..	..	..	2
Total Deaths, 1953	..	..	..	181	Total Deaths, 1952	..	..	..	168

The 1953 maternal mortality rate showed a decrease from the 1952 rate. There were four maternal deaths during the year, giving a rate of 0·55 per 1,000 total (live and still) births. This compares with an England and Wales rate of 0·65 per 1,000.

Sickness incidence and mortality amongst the notifiable diseases remained, with a few exceptions, relatively low in 1953. There were no cases of Diphtheria during the year and for the fifth successive year there were no deaths from this disease. Cases of Scarlet Fever showed a small increase over the previous year but there were no deaths. There was a slight increase in cases of Whooping Cough and the death rate was higher than in 1952. There was a considerable increase in the number of cases of Measles, but there were no deaths. A reduction was again recorded in the incidence of Acute Poliomyelitis during the year, and the number of cases was below the average of recent years. There was a small increase in the number of Dysentery cases, but the form of the disease was mild.

The death rate for Enteritis and Diarrhoea (in infants) showed a decrease from the 1952 rate, and was well below the average of the previous five years.

It will be recalled that reference was made in previous Reports to the selection of Sheffield as one of the areas for a trial period of notification of Acute Rheumatism occurring amongst children under sixteen years of age. The second three-year trial period ended on 1st October, 1953, but at the request of the Ministry of Health it was agreed that it should be extended for a further three years from the 15th January, 1954. A separate report on the cases notified during 1953 is included in this Annual Report.

This is the eighth successive year in which the death rate (0·197) from Tuberculosis of the Respiratory System has decreased, the 1953 death rate being the lowest which has ever been recorded in the City. The death rate from Other Forms of Tuberculosis (0·018) was also the lowest ever recorded.

During the year, 2,408 children under 15 years of age were vaccinated or revaccinated, an increase of 709 over the previous year but still less than half the number vaccinated in 1947. As regards Diphtheria Immunisation during 1953, 6,326 children under fifteen years of age were immunised, which was slightly lower than in the previous year, and was also considerably below the total of 9,541 in the year 1947. It is noteworthy that, although 588 children were immunised in the years 1937 to 1940, since that time, and until the end of 1953, a total of 143,412 persons (practically all of them children under 15 years of age) have completed a course of Diphtheria Immunisation. In addition, 40,878 children in the age group : five and under fifteen years, received a reinforcing injection during the period May, 1944 to 31st December, 1953. It is a matter of concern that there has been a growing apathy towards the prevention of both Smallpox and Diphtheria. Compulsion in matters of this kind is repugnant ; nevertheless, parents have responsibilities both towards the care of their own children and towards the prevention of spread of infection to their neighbours.

The Ambulance Services have continued to meet all the demands made upon them and, during 1953, carried more than 133,000 patients, with an aggregate running distance of over 532,000 miles, in other words, an average of 365 patients per day, and an average daily mileage of 1,458.

Steps were again taken to increase the complement of domestic helps in 1953 and, at the end of the year, this staff numbered 183, of whom 83 were employed whole-time and 100 part-time. There is an increasing demand upon this service, which has proved a boon in providing help in the household when there have been confinements or illness or in cases of old age or infirmity, if help has not been available from any other source. The services of domestic helps were made available during the year in 203 cases of confinements and 1,273 other cases.

Information will be found in this Report regarding the Mental Health Service which is administered by the Health Committee. Broadly speaking, these duties relate on the mental deficiency side to : the ascertainment of mental defectives, the care of defectives in their own homes and the provision of facilities for training and occupation. There were 1,205 mental defectives on the register at the end of the year 1953. As regards mental illness, the Duly Authorised Officers visit the home of any person who is notified as suffering from mental illness and, as soon as possible, make all necessary arrangements for the proper care of the patient, either for his admission to the mental observation section of Fir Vale Infirmary or to a mental hospital or otherwise. 628 patients were dealt with under these arrangements during 1953. The Psychiatric Social Worker continued to carry out community care amongst neurotic patients. The work involves the building-up of relationships with the patients, relatives, doctors, employers, officials, etc., and as this service develops it will make a contribution towards the saving of hospital beds and in assisting early cases of mental illness.

A part of this Annual Report is devoted to the services for the welfare of the blind, partially blind and other handicapped persons ; these services, as co-ordinated under the provisions of the National Assistance Act, 1948, are administered by the Health Committee.

During the year, the staff of sanitary inspectors, amongst their duties, made more than 48,000 visits to, and inspections of, dwellinghouses under the Public Health Act, 1936, for the investigation and abatement of nuisances. Particulars of these visits and of the general work of the sanitary inspectors, including their work in connection with Housing, appear in this Report.

The smoke inspectors continued their observations of the emission of smoke and the records for 1953 show that the average of the minutes of visible smoke emitted per half-hour observation was 1·4 minutes. This average is much less than that shown in the previous year and was the lowest since the pre-war year of 1938, when the average emission was also 1·4 minutes per half-hour.

Food inspectors made over 8,700 visits to markets, railways and wholesale food stores during the year, more than 1,400 visits to retail food shops and over 600 visits to horseflesh shops with the object of supervising the preparation of foodstuffs and the conditions under which they are handled and sold.

The daily average consumption of milk in Sheffield during the year was 42,463 gallons, which represents a consumption of 0·67 pints per head of the population. The food and drugs inspectors took, for analysis under the Food and Drugs Act, 1938, 1,304 samples of milk and other foods, of which 65, representing 4·98 per cent., proved to be adulterated. This compares with an adulteration rate of 6·86 per cent. for 1952.

There were 196,380 animals slaughtered at the Corporation Abattoir during the year and 5,214 at the two private slaughterhouses in the City. All the animals were examined by the meat inspectors and there were 18,092 animals of which either the whole or part of the carcase or some organ was found to be unfit for food.

During 1953, 355 medical examinations of new entrants to the local government service were carried out by the medical staff of the Department ; of this number, two failed to pass the examination.

A total of 2,571 cremations was carried out during the year at the City Road Crematorium and in each case the documents were examined by the Medical Officer of Health or the Deputy Medical Officer of Health, who are accepted Referees for this purpose.

In general, the work of the Department has been maintained ; the Infant Mortality Rate and Death Rate have not fluctuated, the Tuberculosis Rate has been further reduced and one can look forward to even further improvement, although the future gains may not be so spectacular as in the past. Tuberculosis will in time take its place like typhoid and diphtheria as one of the rarer diseases.

The need for care of mothers and children continues, and there are still improvements to be made. Uncleanliness and lousiness are still found, and there is still a fair amount of skin disease in infancy ; dental caries in children is common enough to merit careful supervision. The amount of otitis media is slowly decreasing, but squint in young children is prevalent. The table on page 51 (Table XXIII), giving a summary of the defects found following the examination of over 12,000 children, is a useful reminder of the value of this examination and of the work still to be undertaken by the Child Welfare Services. A total of 26 children was considered to need special supervision because of their retarded mental development. The young child's nutrition is also scrutinised, and in Table XXII will be found the result of the assessment. It will be seen that there are many cases where the nutrition, rated as " fairly good " and " poor ", shows the need for vigilance. The maintenance of a high rate of attendance at the Maternity and Child Welfare clinics is an expression of the appreciation shown by the mothers for this service.

*Care of
Mothers and
Children.*

In these services we attempt, as far as possible, to work in conjunction with the general practitioners. Every effort is made to encourage breast feeding, and on page 47 will be found (Table XIX) the result of a survey into the amount of breast feeding. It will be seen that about half the mothers under review fully breast fed their children for three months and about a third continued to do so until the sixth month.

As an extension of our care both for the handicapped and for the maternal well-being, we have attempted to assess the problem of the handicapped mother trying to cope with a home and also of the incidence of discoverable handicaps in young children in the family. The results of our investigations are given on pages 55—57, and will be of interest.

*Handicapped
Mothers and
Handicapped
Children.*

We are now able to obtain a preliminary assessment of the value of the examination of pregnant women by Mass Miniature Radiography. Although the results belong to the year 1954, an interim report was felt to be desirable and is to be found on page 57. The findings are not spectacular but it does mean that a number of mothers were given special care in the hope of preventing deterioration or effecting a cure.

The Mother and Baby Home was at last opened at the end of 1953, and will be a useful adjunct to the Maternity and Child Welfare Service. Although we hope to turn the sojourn of the mother to some benefit and assist her rehabilitation, too much must not be expected.

There are a number of other services which continue to develop and expand. There is an interesting evaluation of the work done in the Occupation Centre in rehabilitating mentally defective boys. The results are encouraging to us in view of the impending expansion of the work in this field. There is a subtle change of public opinion occurring in the field of mental health. In the past it was too often felt that with such unpromising material a great effort was hardly worth-while; it was easy to forget our obligation to the defective and to the family. The following quotation from Kenneth Soddy is worth noting—"In the National Health Service the so-called mental health services are those concerned with the conduct of mental hospitals and all that goes with them. This has obscured, in the mind of the public, the important fact that the real tasks of mental hygiene are to improve family relationships, to secure healthy mindedness in the young and to educate the public in its attitude to these matters."

Care of the Disabled.

The work for the disabled grows. The number on our register has increased and we have opened a number of handicraft classes for men and women at the Manor Centre; as experience is gained we hope to open other classes in different parts of the City. Up to now it has not been possible to commence a "Meals on Wheels" service—the demand, so far, does not seem to be very great, but the problem is under review.

We are slowly increasing the scope of our statistical records, and we now commence to record the deaths from certain diseases in age groups, in social classes and by occupations. The Tables (pages 26—36) will increase in value as time passes and we are able to make more accurate comparisons and assessments. Spectacular advances are not likely to be made in the future, but a careful scrutiny of statistics may be a useful guide towards effecting improvements.

The year has not been without its difficulties. There are shortages of staff, especially in the sanitary inspectorial section. This is important in view of the calls that will be made upon them under the new Housing Act.

A number of nurseries were closed during the year but arrangements have been made to utilise two of them for the provision of maternity and child welfare services and also as experimental part-time centres, so that mentally defective and disabled children can come for a few hours every week. This will relieve the mothers and enable an assessment to be made of the extent of the handicap. More than all this, it will permit these children to make some social adjustment.

The increasing interest in persons with disabilities is welcome, especially when we find the disabled persons themselves making the major effort in this direction. The public will undoubtedly be pleased to assist and the local authority is, as far as its powers permit, trying to improve and extend this service. It is, however, necessary to have, as far as possible, a wide and embracing policy of welfare so that the various groups of disabled are not kept in water-tight compartments. The disabled of all types have many needs that can be shared in common—premises for meetings and a holiday home specially adapted to their needs, a system of voluntary visitors, a strong central organisation for making their needs known. Such an organisation could be of great value and would probably make for economy.

Atmospheric Pollution.

Since 1926, Sheffield and the surrounding areas have been trying with some success to prevent smoke. This endeavour has now attained something of a national popularity. Smoke is harmful, expensive and very ugly. Although we believe it to be harmful to the body, it is difficult to obtain information on the long-term effects of a dirty atmosphere. The London fog of 1952 provided dramatic evidence of the acute effects of very foggy conditions, but evidence

of the slow and long continued effects is not easy to present. In Table X I have followed up the statistics of last year's Report on the mortality from cancer of the lung in males and females in industrial and non-industrial areas with a table showing the ratio of male to female deaths from bronchitis in industrial and non-industrial areas. In all cases the males suffer proportionately more in the industrial areas. The figures are not so marked as in the case of cancer of the lung (page 31, Annual Report for 1952), but suggest that industrial working conditions increase the risk of bronchitis. The figures for bronchitis at different ages in Sheffield compared with similar age groups in the country as a whole are given in the following table :—

BRONCHITIS.

Death Rates per 1,000 population by Sex at Various Age Periods. Sheffield and England and Wales. Year 1951.

		0—4	5—14	15—24	25—44	45—64	65—74	75+	All Ages
<i>England and Wales :</i>									
	M. ...	0·173	0·006	0·005	0·054	1·379	5·643	12·434	1·079
	F. ...	0·143	0·005	0·006	0·027	0·352	2·106	8·153	0·627
<i>Sheffield :</i>									
	M. ...	0·259	—	—	0·095	1·770	6·117	15·577	1·290
	F. ...	0·149	—	—	—	0·498	2·161	10·000	0·672

NOTE.—The death rates for England and Wales are based on the estimates of population for mid-year 1951 in the Registrar General's Statistical Review for 1951.

The death rates for Sheffield are based on the population figures given in the Census 1951, One Per Cent. Sample Tables, Part 1.

At the moment it is impossible to promote a scheme for a smokeless zone in Sheffield, for established industrial premises using coal-fired appliances are to be found in the centre of our City. On the other hand, it is not conceivable that this should continue and, sooner or later, and the sooner the better, the industrial premises should be zoned in suitable areas where their sources of power can be obtained from economically managed, centralised sources. There are a number of approaches to the control of smoke ; it would probably be better for industry, and it is undoubtedly right for the community, that industry should be properly zoned, but this is a long-term project. While we take a long-term view of industry, we may be able to take more immediate steps in the new housing estates by requiring the maximum use of fuels that do not produce smoke. There might be difficulties in enforcing this, but sooner or later drastic action, which has already been introduced in other comparable areas, will have to be taken in Sheffield. Areas of this City, which prior to the advent of industry must have been some of the most delightful country in England, are now arid and grim wastes where flowers do not bloom, where vegetation is blasted, and where no one should be expected to live. Unfortunately, the processes continue—slag heaps continue to grow, buildings get dirtier, and the size of desolation increases—the “ Industrial Revolution ” in its most vulgar form continues to spread itself over the face of the City. There are areas of the City where, because of the polluted atmosphere, it would not be fair or wise to ask young persons to set up house ; the coming generation is not given an opportunity to know beauty or to appreciate grandeur as part of its daily life. It can fairly be claimed that the local authority and the people it represents would not now tolerate the pollution of food, and measures to promote health are generally acceptable, but processes that permit the destruction of the beautiful seem to be nobody's responsibility. Once the pleasant things are destroyed they are not easily recreated, for we even get accustomed to drabness, dreariness and ugliness.

At the end of another year it is my great pleasure to thank the Committee, and especially the Chairman, for the kindness that has been shown to me. I would also thank every member of the staff, and especially the Deputy Medical Officer, for co-operation, advice and for many pleasant associations. This Report is in every sense a combined effort of the Department as a whole. I have the great pleasure of signing it.

LLYWELYN ROBERTS,

Medical Officer of Health.

Powers and duties of the City Council in respect of :—

- Public Health Acts,
- National Health Service Acts, 1946—1952
- National Assistance Acts, 1948 and 1951

Approval of :—

- Medical Officer of Health's monthly report on health of City
- Monthly requisitions
- Quarterly report of City Analyst
- Reports of Sub-Committees to which functions are delegated as under :

SUB-COMMITTEES

CLEANSING AND PUBLIC BATHS		DISABLED PERSONS WELFARE		GENERAL	MATERNAL, INFANT AND NURSING WELFARE		MENTAL HEALTH	SPECIAL, STAFFING, ETC.	WEIGHTS AND MEASURES
Verification and checking of monthly expenditure and requisitions of all Sections	Duties under the following Acts :— Public Health Acts, 1875—1936 Sheffield Corporation Acts, 1918 (Consolidated) and 1928	Duties under the following Acts :— National Assistance Act, 1948	Duties under the following Acts :— Public Health Acts, 1875—1936 National Health Service Acts, 1946—1952 National Assistance Act, 1951	Duties under the following Acts :— Public Health Acts, 1875—1936 National Health Service Acts, 1946—1952 Midwives Acts, 1936 and 1951 Nurses and Child-Minders Regulation Act, 1948 Nurses' Acts.	Duties under the following Acts :— National Health Service Acts, 1946—1952 Public Health Act, 1936 Midwives Acts, 1936 and 1951 Nurses and Child-Minders Regulation Act, 1948 Nurses' Acts.	Duties under the following Acts :— National Health Service Acts, 1946—1952 Lunacy and Mental Treatment Acts, 1890—1930 Mental Deficiency Acts 1913—1938	Duties under the following Acts :— National Health Service Acts, 1946—1952 Lunacy and Mental Treatment Acts, 1890—1930 Mental Deficiency Acts 1913—1938	Matters of special importance, including senior staff appointments, etc.	Duties under the following Acts :— Weights and Measures Acts, 1873-1936 Sale of Food (Weights and Measures) Act, 1926 Gas Act, 1948 Explosives Acts, 1875 and 1923 Petroleum (Consolidation) Act, 1928 Shops Act, 1950 Young Persons (Employment) Act, 1938 Celluloid and Cinematograph Film Act, 1922
	Services under these Acts etc., in relation to :— Refuse Collection Refuse Disposal Public Conveniences Public Baths Public Wash-houses	Services under these Acts etc., in relation to :— Welfare of blind and other handicapped persons Provision of :— Comforts Educational Classes Handicraft Classes Arrangements for sales of manufactured goods	Services under these Acts etc., in relation to :— Welfare of blind and other handicapped persons Provision of :— Comforts Educational Classes Handicraft Classes Arrangements for sales of manufactured goods	Services under these Acts etc., in relation to :— Care of mothers and young children Care and After Care Domestic Help Home Nursing Health Visiting Midwifery Supervision of private maternity and nursing homes and nurses' agencies Vaccination and Immunisation					

ASSESSMENT SECTION

- Approval of maternity hospital and midwifery bookings
- Assessment of applicant's ability to pay for services
- Cancellation of charges already made in certain cases
- Payment of fees to medical practitioners under Midwives Act, 1951
- Sanction for supply of free dried milk, etc.

- General Public Health
- General Sanitation
- Ambulance Service
- Caravans, etc.
- Disinfection and Disinfection
- Food and Drugs, etc.
- Food Premises, etc.
- Health and Welfare in Workplaces
- Housing
- Meat and Food Inspection
- Milk and Dairies
- Offensive Trades
- Pleasure Fairs
- Rodent Control
- Sanitary accommodation in factories
- Smoke Nuisances
- Movement of Animals, etc.
- Water Supplies

VITAL STATISTICS

Special Features.—The birth rate of 13·9 per 1,000 for the year 1953 was higher than in the previous year but was less than the England and Wales rate. The general death rate of 11·9 per 1,000 was slightly above the 1952 rate and was also higher than the England and Wales rate.

The Infant Mortality rate of 26 per 1,000 live births represented a small increase over the previous year. The 1953 rate for England and Wales was 27 per 1,000 live births. The neonatal mortality rate of the City in 1953 was 16 per 1,000 live births, which was also a small increase over the previous year.

The death rate from Tuberculosis of the Respiratory System was 0·197 per 1,000, which was a decrease from 1952. The death rate from Other Forms of Tuberculosis was 0·018 per 1,000, as compared with 0·020 per 1,000 in 1952.

The death rate of children under two years of age from Enteritis and Diarrhoea was slightly below the 1952 rate, but was higher than the rate for England and Wales.

12 cases of Acute Poliomyelitis (Paralytic) and 16 cases of Acute Poliomyelitis (Non-Paralytic) were notified during the year. There were three deaths.

There was an increase in the attack rate from Measles over the previous year but there were no deaths.

The attack rate from Scarlet Fever showed a slight increase over the previous year but there were no deaths from this disease.

There were no cases of Diphtheria during 1953, and there were no deaths for the fifth successive year.

There was a very slight decrease in the incidence of Whooping Cough but the death rate was higher than in the previous year.

The maternal mortality rate was 0·55 per 1,000 total (live and still) births. This was a decrease from the year 1952 and was slightly above the low record rate of 0·41 in 1951.

Mortality from Cancer showed a slight increase and was higher than the England and Wales rate.

The death rates from Influenza and Bronchitis each showed an increase over the previous year, but there was a small decrease in the Pneumonia death rate.

Area.—The total area of the City at 31st December, 1953, was 39,598 acres.

Population.—The Registrar General's estimate of the home population of the City for the year 1953 was 507,600, and this figure is employed in the calculation of the Birth Rates and Death Rates in this Report.

Marriages.—The number of marriages in 1953 was 3,996 and the marriage rate (or persons married per 1,000 of the population) was 15·7 as against 15·8 per 1,000 in 1952. The 1953 rate was slightly above the England and Wales rate, which was 15·6 per 1,000. The following table gives details of marriages in Sheffield during the period 1948 to 1953 and a comparison of the Sheffield marriage rate with that of England and Wales.

TABLE I.—*Marriages and Marriage Rates in Sheffield and in England and Wales, years 1948 to 1952 and year 1953.*

Year.	Total Number of Marriages in Sheffield.	Persons Married per 1,000 of the population.	
		Sheffield.	England and Wales.
1948	4,781	18·6	18·1
1949	4,478	17·4	17·0
1950	4,241	16·5	16·3
1951	4,329	17·0	16·4
1952	4,044	15·8	15·9
Average (Quinquennium 1948-1952)	4,375	17·1	16·7
1953	3,996	15·7	15·6

Live Births.—There were 7,585 live births registered in the City in 1953, and, after making allowances for births transferable inwards and outwards, the figure of net live births is 7,055. The birth rate was 13·9 per 1,000 of the population as against a rate of 13·7 in 1952. The England and Wales rate for 1953 was 15·5 per 1,000. It will be seen from the statement below that the birth rate of the City has steadily declined during the period 1948 to 1952, but has risen slightly during the year 1953. The statement also gives the illegitimacy rates of Sheffield and of England and Wales since the year 1943. It will be seen that of the 7,055 live births in 1953 there were 268 illegitimate births and that the illegitimacy rate was 38 per 1,000 live births as against an England and Wales illegitimacy rate of 46 per 1,000. The average of the illegitimacy rates of the City for the ten years 1943 to 1952 is also very considerably below that of England and Wales :—

Year.	Total Live Births.	Birth Rate per 1,000 of Population.	Illegitimate Live Births.	Illegitimacy Rate per 1,000 Live Births.	
				Sheffield.	England and Wales.
1943	8,613	18·2	356	41	63
1944	10,072	21·2	453	45	70
1945	8,629	18·1	503	58	92
1946	10,073	20·1	433	43	65
1947	10,522	20·7	399	38	52
1948	9,107	17·7	368	40	53
1949	8,087	15·7	282	35	50
1950	7,370	14·3	276	37	49
1951	7,233	14·2	271	37	47
1952	7,005	13·7	227	32	46
Average 1943-52	8,671	17·4	357	41	59
1953	7,055	13·9	268	38	46

Still-births.—Still-births allocated to the City in 1953, after making allowance for transferable births, number 182 and gave a rate of 0·36 per 1,000 of the population, as against a rate of 0·28 for 1952. The 1953 rate for England and Wales was 0·35. The still-births of the City in 1953 also represent a rate of 25 per 1,000 total (live and still) births, as compared with 20 per 1,000 in 1952.

Deaths.—There were 6,503 deaths registered in the City in 1953 and the transferable deaths number 167 inwards and 629 outwards. Net deaths allocated to the City therefore totalled 6,041 of which 3,253 were males and 2,788 females. The death rate from all causes was 11·9 per 1,000 of the population. This rate, as is shown in the following statement, is slightly above the 1952 rate but is lower than the average rate for the decade 1943-1952. It is, however, above the 1953 rate for England and Wales of 11·4 per 1,000.

Year		Number of Deaths	Death Rate per 1,000 of the Population
1943	..	6,215	13.1
1944	..	5,905	12.5
1945	..	5,968	12.5
1946	..	6,167	12.3
1947	..	6,260	12.3
1948	..	5,797	11.3
1949	..	6,431	12.5
1950	..	5,883	11.4
1951	..	6,633	13.0
1952	..	5,937	11.6
Average 1943-52	..	6,120	12.3
1953	..	6,041	11.9

Smallpox.—There were no cases of Smallpox notified during the year.

Measles.—There were 6,323 cases of Measles notified during the year, and the attack rate was 12.46 per 1,000 of the population as against 9.07 per 1,000 in 1952.

There were no deaths, compared with one death and a death rate of 0.002 per 1,000 of the population in 1952. The average death rate for the five years 1948–1952 was 0.006.

Scarlet Fever.—790 cases of Scarlet Fever were notified during the year and the attack rate was 1.56 per 1,000 of the population as against 1.41 for 1952, and an average rate of 2.06 for the quinquennium 1948–1952. There were no deaths from Scarlet Fever in 1953, as against a death rate of 0.002 per 1,000 of the population in the previous year. The average death rate for the City for the quinquennium 1948–1952 was 0.001.

Diphtheria.—There were no cases of Diphtheria notified during 1953, compared with one case and an attack rate of 0.002 per 1,000 of the population in 1952, and an average rate for the quinquennium 1948–1952 of 0.007. There were no deaths from Diphtheria for the fifth successive year. The death rate for the quinquennium 1948–1952 was 0.000 per 1,000 of the population, as against 0.002 for England and Wales.

Whooping Cough.—1,760 notifications of Whooping Cough were received in the year 1953 and the attack rate was 3.47 per 1,000 of the population as against 3.49 in 1952. There were four deaths, giving a death rate of 0.008 per 1,000 of the population. In the year 1952 there was one death, with a death rate of 0.002 per 1,000. The average death rate for the quinquennium 1948–1952 was 0.017.

Typhoid and Paratyphoid Fevers.—One case of Typhoid Fever and eight cases of Paratyphoid Fever were notified during the year 1953. In 1952 there were no cases under these headings, and there were no deaths in either year.

Enteritis and Diarrhoea under Two Years of Age.—Mortality from this group of diseases, stated per 1,000 live births, was 1.42 in 1953, as compared with 1.1 for England and Wales. The rate for 1952 was 1.57 as against 1.1 for England and Wales.

Meningococcal Infection.—There were 17 cases of Meningococcal Infection notified in 1953, as compared with 19 cases in 1952. The attack rate was 0.03 per 1,000 of the population, as against 0.04 per 1,000 in 1952. The average rate for the five years 1948 to 1952 was 0.03. There were three deaths during the year, as against two deaths in 1952, and the death rate was 0.006 per 1,000 of the population, as against 0.004 in 1952, and an average death rate for the quinquennium 1948–1952 of 0.004 per 1,000.

Acute Poliomyelitis.—28 cases were notified during the year—12 of Poliomyelitis (Paralytic) and 16 of Poliomyelitis (Non-paralytic)—compared with 47 cases—24 of Poliomyelitis (Paralytic) and 23 of Poliomyelitis (Non-paralytic)—notified in 1952. The attack rate was 0.05 per 1,000 of the population, comparing with a rate of 0.09 for 1952. During the year there were three

Acute Encephalitis.—Three cases of Acute Encephalitis (Infective) and four cases of Acute Encephalitis (Post-Infectious) were notified during the year. There were nine deaths under this heading, all from sequelæ of this disease. In 1952, five cases of Acute Encephalitis (Infective) and one case of Acute Encephalitis (Post-Infectious) were notified, and there were two deaths under this heading, both from sequelæ of the disease.

Dysentery.—117 cases of Dysentery, the majority of them being of the Sonne type, were notified during the year. There were no deaths. In 1952 there were 48 cases and no deaths.

Malaria.—Seven cases of Malaria were notified during the year. In each case the disease was contracted abroad.

Food Poisoning.—There were 226 cases of Food Poisoning recorded during 1953. In 1952 there were 104 notifications, and there were no deaths in either year.

Influenza.—The Influenza death rate was 0·079 per 1,000 as against 0·16 for England and Wales, the corresponding 1952 figures being 0·041 and 0·04 respectively. The average City rate for the five years 1948–1952 was 0·107 per 1,000.

Pneumonia.—1,306 cases of Pneumonia were notified in 1953, the incidence rate being 2·57 per 1,000 of the population, as against 3·11 per 1,000 in 1952. A total of 210 persons died from Pneumonia during the year—136 males and 74 females—and the death rate was 0·414 per 1,000 of the population. There were 236 deaths from Pneumonia in the year 1952, and the death rate was 0·462 per 1,000. The average death rate for the five years 1948–1952 was 0·455 per 1,000.

Bronchitis.—There were 362 deaths from Bronchitis during the year as compared with 325 deaths in 1952. The death rate was 0·713 per 1,000 of the population, which compares with a rate of 0·636 for the year 1952. The average City rate for the five years 1948–1952 was 0·762 per 1,000.

Acute Rheumatism.—Under the Acute Rheumatism Regulations, 1947, Sheffield was selected for a three years trial period of notification of Acute Rheumatism in children under 16 years of age, commencing on 1st October, 1947; this period was extended for a further three years by the Acute Rheumatism Regulations, 1950, which expired on 30th September, 1953. Notification has since been renewed by the Acute Rheumatism Regulations, 1953, for a period of three years commencing on 15th January, 1954.

During the nine months ended 30th September, 1953, 59 cases were classified as properly notifiable under the Regulations, and a separate report upon an investigation which has been made into these cases appears at the end of this section of the Annual Report.

Cancer.—A total of 1,068 persons, 606 males and 462 females, died from Cancer in the year 1953. The death rate was 2·104 per 1,000 of the population, as against 2·067 in 1952.

Below is a table which gives details of deaths of Sheffield residents from Cancer in the period 1948–1953 and a comparison of the Sheffield death rate with that of England and Wales.

The numbers of deaths under the detailed sub-headings of Cancer, classified according to sex and in age periods, are given in table VIII on page 23.

TABLE II.—*Cancer Mortality of Sheffield and of England and Wales for the year 1953 and the previous five years.*

Year	Deaths of Sheffield Residents			Death Rate per 1,000 of the Population	
	Males	Females	Total	Sheffield	England and Wales
1948	562	460	1022	1·99	1·86
1949	538	486	1024	1·99	1·87
1950	543	451	994	1·93	1·95
1951	564	487	1051	2·06	1·96
1952	597	459	1056	2·07	1·99
5 yrs' av'ge (1948-52)	561	468	1029	2·01	1·93
1953	606	462	1068	2·10	1·99

Tuberculosis.—There were 556 notifications of Tuberculosis of the Respiratory System in 1953, and the incidence rate was 1·10 per 1,000 of the population as against 1·16 per 1,000 in 1952. There were 61 notifications of Other Forms of Tuberculosis, giving an incidence rate of 0·12 per 1,000 which corresponds with a rate of 0·13 per 1,000 for 1952.

Deaths from Tuberculosis of the Respiratory System numbered 100 of whom 76 were males and 24 females. The death rate per 1,000 of the population was 0·197. This figure compares with a rate of 0·225 in 1952, an average rate of 0·343 for the five years 1948–1952, and an England and Wales rate for 1953 of 0·179 per 1,000.

There were nine deaths from Other Forms of Tuberculosis, five of males and four of females. The death rate was 0·018 per 1,000 of the population as against a rate for 1952 of 0·020 per 1,000, an average rate of 0·050 for the five years 1948 to 1952, and an England and Wales rate of 0·022 for the year 1953.

Death rates from Tuberculous Diseases per million of the population for Sheffield and England and Wales in the ten years, 1944 to 1953, are given in the table below :—

TABLE III.—*Death Rates per Million from Tuberculosis, ten years, 1944 to 1953.*

Year			Respiratory System		Other Forms		All Forms	
			Sheffield	England and Wales	Sheffield	England and Wales	Sheffield	England and Wales
1944	...	...	523	524	112	104	635	628
1945	...	...	561	515	107	100	668	615
1946	...	...	536	468	66	83	602	551
1947	...	...	500	470	79	79	579	549
1948	...	...	441	440	54	67	495	507
1949	...	...	440	403	74	54	514	457
1950	...	...	313	321	54	43	367	364
1951	...	...	294	275	49	41	343	316
1952	...	...	225	212	20	28	245	240
1953	...	...	197	179	18	22	215	201

Infant Mortality. There were 181 deaths of infants under one year of age in 1953 as compared with 168 in 1952. The infant mortality rate of 24 per 1,000 live births in 1952 rose to 26 per 1,000 in 1953. The England and Wales rate for 1953 was 27 per 1,000.

In the table which follows are given the infant mortality rates for Sheffield and for England and Wales during the past 20 years. It will be seen that throughout this period the Sheffield rate has compared favourably with the England and Wales rate.

TABLE IV.—*Infant Mortality, Sheffield and England and Wales, 20 years, 1934 to 1953.*

Year	Infant Mortality		Year	Infant Mortality	
	Sheffield	England and Wales		Sheffield	England and Wales
1934	55	59	1944	41	45
1935	52	57	1945	46	46
1936	59	59	1946	36	43
1937	55	58	1947	42	41
1938	50	53	1948	32	34
1939	48	50	1949	35	32
1940	55	56	1950	28	30
1941	67	60	1951	31	30
1942	49	51	1952	24	28
1943	56	49	1953	26	27

In the table which follows in regard to infant mortality, particulars are given of the deaths of infants in the year 1953. The causes of death shown are in accordance with those prescribed by the International Statistical Classification of Diseases, Injuries and Causes of Death (sixth revision), which was introduced on 1st January, 1950.

TABLE V.—Infant Mortality ; Deaths in the year 1953 from stated causes at various ages under One Year.

CAUSE OF DEATH	Under 1 day	1 day and under 1 week	1 week and under 2 weeks	2 weeks and under 3 weeks	3 weeks and under 4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under 1 year
Whooping Cough—											
Without mention of Pneumonia...	—	—	—	—	—	—	—	—	—	2	2
With Pneumonia ...	—	—	—	—	—	—	—	—	1	—	1
Acute and unspecified Meningococœmia ...	—	—	—	—	—	—	—	1	—	—	1
Meningitis due to Pneumococcus ...	—	—	—	—	—	—	—	—	—	1	1
Encephalitis, Myelitis and Encephalomyelitis (except acute infectious) ...	—	—	—	—	—	—	—	1	—	—	1
Otitis Media, unspecified—											
Without mention of Mastoiditis ...	—	—	—	—	—	—	—	1	—	—	1
With Mastoiditis, unspecified ...	—	—	—	—	—	—	—	1	—	—	1
Other and unspecified diseases of heart ...	—	—	—	—	—	—	1	—	—	—	1
Pulmonary Embolism and Infarction ...	—	1	—	—	—	1	—	—	—	—	1
Acute Upper Respiratory Infection of multiple or unspecified sites ...	—	—	—	—	—	—	—	2	—	—	2
Lobar Pneumonia ...	—	—	—	—	—	—	1	1	—	1	3
Bronchopneumonia ...	—	—	—	—	—	—	6	4	3	1	14
Pneumonia, other and unspecified ...	—	—	—	—	—	—	1	1	—	—	2
Acute Bronchitis ...	—	—	—	—	—	—	—	—	1	—	1
Bronchitis, unqualified ...	—	—	—	1	—	1	1	—	1	—	3
Abscess of Lung ...	—	—	—	—	—	—	1	—	—	—	1
Other diseases of Lung and Pleural Cavity ...	—	—	—	—	—	—	—	1	—	—	1
Gastritis and Duodenitis ...	—	1	—	—	—	1	1	1	—	—	3
Hernia of Abdominal Cavity without mention of obstruction—											
Ventral (incisional) ...	1	—	—	—	—	1	—	—	—	—	1
Other specified site ...	1	—	—	—	—	1	—	—	—	—	1
Intestinal Obstruction without mention of hernia ...	—	—	—	—	—	—	—	1	—	1	2
Gastro-enteritis and Colitis, except ulcerative, age 4 weeks and over ...	—	—	—	—	—	—	4	2	—	1	7
Acute and sub-acute Yellow Atrophy of Liver ...	—	1	—	—	—	1	—	—	—	—	1
Pyelitis, Pyelocystitis, and Pyelonephritis ...	—	—	—	—	—	—	1	—	—	—	1
Other diseases of Kidney and Ureter ...	—	—	—	—	1	1	—	—	—	—	1
Monstrosity ...	2	1	—	—	—	3	—	—	—	—	3
Spina Bifida and Meningocele ...	2	—	—	3	3	8	—	2	—	—	10
Congenital Hydrocephalus ...	—	—	—	—	—	—	—	2	—	1	3
Other Congenital Malformations of Nervous System and Sense Organs ...	—	—	1	—	—	1	—	—	—	—	1
Congenital Malformations of—											
Circulatory System ...	—	1	1	—	—	2	5	—	1	—	8
Digestive System ...	1	2	1	1	—	5	—	—	—	—	5
Genito-urinary System ...	—	—	—	—	—	—	—	1	—	—	1
Bone and Joint ...	—	—	—	—	—	—	—	1	—	—	1
Other and unspecified Congenital Malformations ...	2	—	—	—	—	2	—	—	—	—	2
Intracranial and Spinal Injury at Birth—											
Without mention of immaturity ...	6	8	—	—	—	14	—	—	—	—	14
With immaturity ...	1	2	—	—	—	3	—	—	—	—	3
Other Birth Injury—											
With immaturity ...	1	—	—	—	—	1	—	—	—	—	1
Post-natal asphyxia and Atelectasis—											
Without mention of immaturity ...	5	2	—	—	—	7	—	—	—	—	7
With immaturity ...	3	2	—	—	—	5	—	—	—	—	5
Pneumonia of Newborn—											
Without mention of immaturity ...	—	3	—	—	2	5	—	—	—	—	5
Hæmolytic disease of Newborn—											
Without mention of immaturity ...	2	1	—	—	—	3	—	—	—	—	3
Hæmorrhagic disease of Newborn—											
Without mention of immaturity... ..	1	—	—	—	—	1	—	—	—	—	1
Nutritional Maladjustment—											
Without mention of immaturity ...	—	—	—	—	—	—	1	—	—	—	1
Immaturity unqualified ...	25	17	3	—	—	45	—	—	—	—	45
Accident caused by hot substance, corrosive liquid and steam ...	—	—	—	—	—	—	—	—	—	1	1
Inhalation and ingestion of food causing obstruc- tion or suffocation... ..	—	—	—	—	1	1	1	2	1	—	5
Accidental mechanical suffocation in other and unspecified circumstances ...	1	—	—	—	—	1	—	—	—	—	1
Assault by other means ...	1	—	—	—	—	1	—	—	—	—	1
ALL CAUSES ...	55	42	6	5	7	115	24	25	8	9	181

Neo-Natal Mortality.—Deaths of infants occurring within the first four weeks of life numbered 115 in the year 1953, giving a neo-natal mortality rate of 16 per 1,000 live births. The rate for the year 1952 was 15 per 1,000. The neo-natal deaths in 1953 comprise 63·5 per cent. of the total deaths of children under one year of age as against 64·3 per cent. in 1952.

Pregnancy, Child Birth and the Puerperal State.—On 1st August, 1951, The Puerperal Pyrexia Regulations, 1951, came into operation. These Regulations, which replaced The Puerperal Pyrexia Regulations, 1939, introduced a new and more precise definition of the disease which is more suited to the present conception of an infectious condition highly amenable to improved methods of control. There were 329 cases of Puerperal Pyrexia notified during the year 1953, and the incidence rate, calculated per 1,000 total (live and still) births, was 45·46 as against a rate of 46·59 in 1952.

There were four maternal deaths during the year 1953, as compared with five in 1952. The death rate from Puerperal Sepsis was 0·14 per 1,000 total (live and still) births, which compares with no deaths in 1952 and an average death rate of 0·05 per 1,000 for the five years 1948—1952. The 1953 England and Wales death rate for Puerperal Sepsis was 0·10. The total maternal mortality rate of the City, which was 0·70 per 1,000 total (live and still) births in 1952, fell to 0·55 per 1,000 in 1953, in which year the corresponding England and Wales rate was 0·65 per 1,000. The average Sheffield rate for the period 1948—1952 was 0·55, as against an England and Wales average of 0·73. The table which follows gives, for recent years, the total maternal deaths in Sheffield, the Puerperal Pyrexia incidence rates of the City, the death rates of the City from Puerperal Sepsis and from other maternal causes, and also comparative figures of the total maternal mortality rates of Sheffield and of England and Wales. Deaths from abortion are disregarded in stating maternal mortality rates.

TABLE VI.—*Total Maternal Deaths in Sheffield ; Sickness from Puerperal Pyrexia ; also Maternal Mortality per 1,000 total (live and still) Births, years 1948-1953.*

Year.	Total Maternal Deaths in Sheffield (excluding Abortion)	Rates per 1,000 total (live and still) Births.				
		Sickness incidence from Puerperal Pyrexia	Maternal Mortality.			Total Maternal Mortality
			Puerperal Sepsis	All Other Causes	Sheffield	England and Wales
1948	6	9·64 (90)	0·11 (1)	0·53 (5)	0·64	0·86
1949	4	12·94 (107)	—	0·48 (4)	0·48	0·82
1950	4	11·96 (90)	—	0·53 (4)	0·53	0·72
1951	3	15·80 (117)	0·14 (1)	0·27 (2)	0·41	0·65
1952	5	46·59 (333)	—	0·70 (5)	0·70	0·59
Average 5 years 1948-1952	4	19·39 (147)	0·05 (—)	0·50 (4)	0·55	0·73
1953	4	45·46 (329)	0·14 (1)	0·41 (3)	0·55	0·65

NOTE.—The figures in brackets denote the actual number of cases or deaths.

Notification of Infectious Disease.—The table which follows shows the number of cases which occurred of each of the infectious and other notifiable diseases during the year 1953. Notifications of each disease are tabulated in specified age groups.

TABLE VII.—Cases of Infectious and other notifiable Diseases during the year 1953
classified under age periods.

NOTIFIABLE DISEASE	Number of Cases Notified								
	At Specified Age Periods								At all Ages
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	
Smallpox .. ..	..	..	..	..	..	..	..	..	..
Measles	240	3,587	2,472	15	4	2	3	..	6,323
Whooping Cough ..	168	1,005	575	2	6	2	2	..	1,760
Scarlet Fever .. ..	..	232	526	25	4	3	..	..	790
Diphtheria .. ..	..	..	..	..	..	..	..	..	..
Typhoid Fever .. ..	..	..	..	..	1	..	..	..	1
Paratyphoid Fever ..	1	1	3	1	1	..	1	..	8
Puerperal Pyrexia ..	..	..	..	141	145	42	1	..	329
Erysipelas .. ..	..	1	..	5	15	25	77	35	158
Meningococcal Infection	5	4	3	1	..	2	2	..	17
Acute Poliomyelitis—									
Paralytic	1	5	3	..	1	2	..	..	12
Non-Paralytic ..	..	3	11	..	..	1	1	..	16
Ophthalmia									
Neonatorum	11	..	..	..	..	..	..	..	11
Pneumonia	76	171	149	53	106	126	349	276	1,306
Malaria .. ..	..	..	..	2	4	1	..	..	7
Dysentery	7	42	38	7	14	3	6	..	117
Acute Encephalitis—									
Infective .. ..	..	..	..	1	..	1	1	..	3
Post-Infectious ..	..	..	3	..	1	..	..	..	4
Food Poisoning	20	62	44	17	27	22	27	7	226
Tuberculosis of Respiratory System ..	3	43	61	112	105	66	124	42	556
Other Forms of Tuberculosis .. ..	..	11	18	10	7	3	6	6	61
Acute Rheumatism ..	..	4	50	5	..	..	..	..	59
Totals	532	5,171	3,956	397	441	301	600	366	11,764

Causes of Death.—In Table VIII on page 23 are given particulars of the number of deaths of Sheffield residents in the year 1953, classified according to disease, sex and age periods. It should be stated that, commencing with deaths registered in the year 1950, the classification of causes of death is that prescribed in the International List (sixth revision 1948), which replaced the fifth revision of 1938. This change in classification has lessened the value, as regards certain causes of death, of the comparisons which are made of death rates prior to the year 1950 with those of subsequent years.

Registration Sub-Districts and Municipal Wards.—Under the Sheffield Registration (Amendment) Scheme, 1952, of the Sheffield City Council, which came into operation on 1st July, 1952, the City was divided into seven Registration Sub-Districts as follows :—Sheffield North-east (Brightside, Firth Park, Nether Shire and Tinsley Wards); Sheffield South-west (Ecclesall, Hallam, Nether Edge and Norton Wards); Sheffield Central (Attercliffe, Burngreave, Cathedral and Southey Green Wards); Sheffield South-east (Darnall, Handsworth, Heeley, Manor, Park and Woodseats Wards); Sheffield North-west (Broomhill, Crookesmoor, Hillsborough, Moor, Owlerton, Sharrow and Walkley Wards); Sheffield North Central (City General Hospital); and Sheffield West Central (Jessop and Royal Hospitals).

The above scheme was introduced following the re-organisation of the Municipal Wards of the City, which resulted in the disappearance of three Wards, the creation of three new Wards and a change in the area and population of the majority of the remainder. Partly as a consequence of this, but mainly because of a modification in the registration of deaths during 1953, which resulted in deaths at Fir Vale Infirmary being no longer transferable to the place of normal residence, it has not been possible to produce the Table which normally appears in this section of the Report, as no true figures of the Vital Statistics of the Municipal Wards are available. The above modification has since been largely rescinded, however, and it is hoped to renew presentation of the Table in the Annual Report for the year 1954.

Population and Birth Rates and Death Rates in Past Years.—Table IX on page 24 gives information in regard to the population of the City in 1953 and past years; also the numbers of births and deaths in the City and the birth rates and death rates of Sheffield and of England and Wales in those years.

TABLE VIII.—Deaths of Sheffield Residents in the Year 1953 Classified according to Disease, Sex and Age-Periods.

CAUSE OF DEATH	Sex	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES ...	M	3253	111	8	7	14	16	64	105	305	643	978	1002
	F	2788	70	6	3	16	20	34	93	188	337	779	1242
TOTALS ...		6041	181	14	10	30	36	98	198	493	980	1757	2244
1. Tuberculosis, Respiratory	M	76	—	—	—	—	—	12	11	20	16	10	7
	F	24	—	—	—	—	3	5	5	2	4	4	1
2. Tuberculosis, Other	M	5	—	1	—	—	—	—	—	—	2	—	2
	F	4	—	—	—	1	—	1	—	2	—	—	—
3. Syphilitic Disease ...	M	17	—	—	—	—	—	—	—	2	3	9	3
	F	2	—	—	—	—	—	—	—	—	1	—	1
4. Diphtheria ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	M	4	3	1	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections	M	2	—	1	—	—	—	—	—	1	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	M	2	—	—	—	1	—	—	1	—	—	—	—
	F	1	—	—	—	—	—	—	—	1	—	—	—
8. Measles ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic diseases	M	10	—	—	—	—	—	1	1	4	2	1	1
	F	5	—	—	—	—	—	—	—	2	1	2	—
10. Malignant Neoplasm, Stomach	M	102	—	—	—	—	—	1	2	23	29	29	18
	F	77	—	—	—	—	—	2	7	9	13	22	24
11. Malignant Neoplasm, Lung, Bronchus	M	193	—	—	—	—	—	2	9	38	67	54	23
	F	31	—	—	—	—	—	—	1	2	10	13	5
12. Malignant Neoplasm, Breast	M	2	—	—	—	—	—	—	—	1	—	—	1
	F	99	—	—	—	—	—	1	10	24	21	25	18
13. Malignant Neoplasm, Uterus	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	40	—	—	—	—	—	1	2	8	11	12	6
14. Other Malignant and Lymphatic Neoplasms	M	289	—	—	2	2	2	1	9	33	63	92	85
	F	207	—	—	1	1	1	—	14	26	42	55	67
15. Leukæmia, Aleukæmia	M	20	—	—	2	1	2	—	4	3	3	2	3
	F	8	—	1	—	2	1	2	—	1	—	1	—
16. Diabetes ...	M	9	—	—	—	—	—	1	—	—	2	2	4
	F	21	—	—	—	—	1	1	—	3	4	7	5
17. Vascular Lesions of Nervous System	M	332	—	—	—	—	1	1	1	17	46	142	124
	F	415	—	—	—	—	3	1	5	22	58	148	178
18. Coronary Disease, Angina	M	479	—	—	—	—	—	2	14	53	146	160	104
	F	251	—	—	—	—	—	—	3	7	37	108	96
19. Hypertension with Heart disease	M	72	—	—	—	—	—	—	1	4	14	27	26
	F	75	—	—	—	—	—	—	—	1	15	30	29
20. Other Heart disease	M	377	—	—	—	—	1	4	3	14	52	129	174
	F	502	1	—	—	1	1	6	10	24	33	111	315
21. Other Circulatory disease	M	395	1	—	—	—	1	2	4	11	23	97	256
	F	401	—	—	—	—	1	1	5	5	16	89	284
22. Influenza ...	M	16	—	—	—	—	—	—	—	—	3	6	7
	F	24	—	—	—	—	2	1	—	1	1	10	9
23. Pneumonia ...	M	136	14	1	—	1	—	3	7	5	24	42	39
	F	74	10	—	—	—	—	1	1	6	9	16	31
24. Bronchitis ...	M	235	3	—	—	—	—	—	8	23	56	87	58
	F	127	1	—	—	—	—	1	3	2	15	43	62
25. Other diseases of Respiratory System	M	49	3	—	1	1	1	4	2	9	13	11	4
	F	20	1	—	—	1	—	2	1	1	4	4	6
26. Ulcer of Stomach and Duodenum	M	34	—	—	—	—	—	—	—	8	9	8	9
	F	8	—	—	—	—	—	—	—	—	1	6	1
27. Gastritis, Enteritis and Diarrhœa	M	10	5	—	1	—	—	—	3	—	1	—	—
	F	13	5	—	—	—	—	—	—	—	1	6	1
28. Nephritis and Nephrosis	M	19	—	—	—	1	1	1	1	3	6	5	1
	F	21	—	—	—	—	—	1	2	3	5	4	6
29. Hyperplasia of Prostate	M	23	—	—	—	—	—	—	—	—	4	10	9
	F	—	—	—	—	—	—	—	—	—	—	—	—
30.*Pregnancy, Child-birth, Abortion	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	5	—	—	—	—	1	3	1	—	—	—	—
31. Congenital Malformations	M	26	19	—	—	—	—	2	2	1	2	—	—
	F	24	15	1	1	3	2	—	—	—	—	1	1
32. Other defined and ill-defined diseases	M	201	59	2	1	2	1	8	12	19	33	40	24
	F	223	32	4	1	3	2	3	18	26	25	49	60
33. Motor Vehicle Accidents	M	33	—	2	—	4	2	6	4	3	7	3	2
	F	13	—	—	—	2	—	—	1	5	1	2	2
34. All other accidents...	M	54	4	—	—	—	1	8	4	6	8	8	15
	F	51	3	—	—	1	2	1	—	1	2	7	34
35. Suicide ...	M	28	—	—	—	1	3	2	2	4	9	4	3
	F	19	—	—	—	—	—	—	4	4	7	4	—
36. Homicide and Operations of War	M	3	—	—	—	—	—	3	—	—	—	—	—
	F	2	1	—	—	1	—	—	—	—	—	—	—

* Item 30 includes one death from abortion. Such deaths are disregarded in producing the Maternal Mortality Rate.

TABLE IX.—*Population, Births and Deaths and Birth Rates and Death Rates in Sheffield and in England and Wales, in 1953, and previous years.*

YEAR	POPULATION (Estimated)	SHEFFIELD				ENGLAND AND WALES	
		LIVE BIRTHS		DEATHS		Birth Rate per 1,000 of Population	Death Rate per 1,000 of Population
		Number of Births	Birth Rate per 1,000 of Population	Number of Deaths	Death Rate per 1,000 of Population		
1851	135,310	5,946	41·6	4,027	28·2	34·2	22·0
1861	186,375	7,561	40·5	4,610	24·7	34·6	21·6
1871	241,506	9,674	40·4	6,843	28·3	35·0	22·6
1881	284,508	10,814	38·0	5,909	20·7	33·9	18·9
1891	325,547	11,862	36·4	7,775	23·9	31·4	20·2
*1901	410,151	12,766	33·0	7,891	20·4	28·5	16·9
1902	414,506	13,938	33·6	7,064	17·0	28·5	16·3
1903	418,906	14,136	33·6	7,976	19·0	28·5	15·5
1904	423,355	13,850	32·7	7,284	17·2	28·0	16·3
1905	427,850	13,082	30·6	7,510	17·6	27·3	15·3
1906	432,395	13,420	31·1	7,475	17·3	27·2	15·5
1907	436,986	14,125	32·3	7,772	17·8	26·5	15·1
1908	441,630	14,268	32·3	7,337	16·6	26·7	14·8
1909	446,321	13,296	29·8	7,098	15·9	25·8	14·6
1910	451,065	12,664	28·1	6,426	14·2	25·1	13·5
1911	455,817	12,623	27·7	7,335	16·1	24·4	14·6
*1912	466,408	12,887	27·7	6,661	14·3	23·8	13·3
1913	471,662	13,288	28·2	7,446	15·8	23·9	13·8
*1914	476,971	13,004	27·3	7,790	16·3	23·8	14·0
1915	476,012	12,139	25·5	8,173	17·2	21·8	15·7
1916	465,494	12,014	23·7	7,262	15·6	20·9	14·4
1917	469,293	11,026	21·1	6,892	14·7	17·8	14·4
1918	465,217	10,746	20·6	9,732	20·9	17·7	17·6
1919	473,695	10,353	21·0	6,564	13·9	18·5	13·7
1920	492,700	13,130	26·6	6,622	13·4	25·5	12·4
*1921	519,239	11,907	23·8	6,284	12·5	22·4	12·1
1922	522,600	10,804	20·7	6,097	11·7	20·4	12·8
1923	524,200	10,195	19·4	6,012	11·5	19·7	11·6
1924	525,000	9,712	18·5	6,110	11·6	18·8	12·2
1925	526,900	9,321	17·7	6,078	11·5	18·3	12·2
1926	523,300	9,013	17·2	5,927	11·3	17·8	11·6
1927	524,900	8,526	16·2	6,436	12·3	16·7	12·3
1928	515,400	8,438	16·4	6,099	11·8	16·7	11·7
*1929	518,000	7,976	15·4	6,850	13·2	16·3	13·4
1930	517,700	7,831	15·1	5,675	11·0	16·3	11·4
1931	517,300	7,777	15·0	5,839	11·3	15·8	12·3
1932	513,000	7,393	14·4	5,976	11·6	15·3	12·0
1933	511,820	7,178	14·0	6,117	12·0	14·4	12·3
*1934	520,950	7,530	14·5	5,886	11·4	14·8	11·8
1935	520,500	7,676	14·7	6,193	11·9	14·7	11·7
1936	518,200	7,884	15·2	6,334	12·2	14·8	12·1
1937	518,200	7,962	15·4	6,492	12·5	14·9	12·4
1938	520,000	8,144	15·7	5,906	11·4	15·1	11·6
1939	522,000	8,192	15·7	6,201	12·0	15·0	12·1
1940	496,700	7,702	15·5	7,538	15·2	15·2	14·4
1941	483,320	7,477	15·5	6,583	13·6	14·9	13·5
1942	479,400	7,958	16·6	5,697	11·9	15·8	12·3
1943	474,100	8,613	18·2	6,215	13·1	16·5	13·0
1944	474,180	10,072	21·2	5,905	12·5	17·6	12·7
1945	476,360	8,629	18·1	5,968	12·5	17·8	12·6
1946	500,400	10,073	20·1	6,167	12·3	19·1	12·0
1947	508,370	10,522	20·7	6,260	12·3	20·6	12·0
1948	514,400	9,107	17·7	5,797	11·3	17·9	10·8
1949	513,700	8,087	15·7	6,431	12·5	16·7	11·7
1950	515,000	7,370	14·3	5,883	11·4	15·8	11·6
1951	510,000	7,233	14·2	6,633	13·0	15·5	12·5
1952	510,900	7,005	13·7	5,937	11·6	15·3	11·3
1953	507,600	7,055	13·9	6,041	11·9	15·5	11·4

Population at earlier dates :—14,105 in 1736 ; 45,755 in 1801 ; 53,231 in 1811 ; 65,275 in 1821 ; 91,692 in 1831 ; 111,091 in 1841.

* The City was extended on 31st October, 1901 ; 1st April, 1912 ; 1st October, 1914 ; 9th November, 1921 ; 1st April, 1929 ; and 1st April, 1934.

The Table which follows shows the number of deaths, both male and female, from Bronchitis during the years 1947-52, in certain industrial and “ non-industrial ” County Boroughs.

TABLE X.—Deaths from Bronchitis, by Sex, in Certain Industrial and Non-Industrial County Boroughs. Years 1947-1952.

COUNTY BOROUGHs	1947			1948			1949			1950			1951			1952		
	M.	F.	Proportion of Males to Females	M.	F.	Proportion of Males to Females	M.	F.	Proportion of Males to Females	M.	F.	Proportion of Males to Females	M.	F.	Proportion of Males to Females	M.	F.	Proportion of Males to Females
<i>Industrial County Boroughs—</i>																		
Birmingham	519	301	1·72	425	245	1·73	548	331	1·66	492	329	1·50	672	394	1·71	500	238	2·10
Burnley ...	55	42	1·31	28	32	0·88	47	36	1·31	57	29	1·97	68	38	1·79	46	49	0·94
Bury ...	32	28	1·14	26	27	0·96	28	28	1·00	41	17	2·41	49	35	1·40	27	26	1·04
Derby ...	55	47	1·17	35	25	1·40	58	28	2·07	56	26	2·15	72	36	2·00	37	15	2·47
Dudley ...	45	22	2·05	27	14	1·93	33	27	1·22	59	35	1·69	61	26	2·35	44	13	3·38
Leeds ...	327	197	1·66	279	142	1·96	349	168	2·08	258	155	1·66	397	214	1·86	344	159	2·16
Liverpool	565	319	1·77	368	202	1·82	486	290	1·68	430	215	2·00	523	376	1·39	347	191	1·82
Manchester...	559	321	1·74	535	266	2·01	554	389	1·42	506	331	1·53	599	413	1·45	441	300	1·47
Nottingham	147	86	1·71	140	58	2·41	168	75	2·24	152	79	1·92	214	149	1·44	166	86	1·93
Rochdale ...	58	48	1·21	51	43	1·19	73	48	1·52	55	43	1·28	56	36	1·56	48	19	2·53
St. Helens ...	77	34	2·26	47	35	1·34	60	27	2·22	66	36	1·83	91	37	2·46	60	18	3·33
Sheffield ...	264	149	1·77	215	100	2·15	293	150	1·95	268	98	2·73	315	179	1·76	204	113	1·81
Smethwick ...	39	19	2·05	28	17	1·65	43	29	1·48	40	25	1·60	44	24	1·83	60	24	2·50
Stoke-on-Trent ...	147	97	1·52	134	80	1·68	181	109	1·66	163	87	1·87	186	115	1·62	154	71	2·17
Warrington	70	30	2·33	54	33	1·64	79	51	1·55	75	40	1·88	68	43	1·58	63	28	2·25
West Bromwich	64	28	2·29	41	23	1·78	56	38	1·47	32	19	1·68	64	22	2·91	56	14	4·00
Wigan ...	57	40	1·43	42	31	1·35	66	44	1·50	71	28	2·54	80	38	2·11	52	34	1·53
Wolverh'tn.	76	40	1·90	78	33	2·36	72	45	1·60	79	42	1·88	97	70	1·39	67	24	2·79
TOTALS ...	3,156	1,848	1·71	2,553	1,406	1·82	3,194	1,913	1·67	2,900	1,634	1·77	3,656	2,245	1·63	2,716	1,422	1·91
<i>Non-Industrial County Boroughs—</i>																		
Bath ...	16	14	1·14	15	10	1·50	23	12	1·92	16	16	1·00	22	19	1·16	24	8	3·00
Bournemouth	56	46	1·22	42	39	1·08	49	35	1·40	43	50	0·86	65	50	1·30	43	35	1·23
Brighton ...	55	62	0·89	84	47	1·79	81	52	1·56	52	40	1·30	81	60	1·35	46	29	1·59
Bristol ...	169	121	1·40	127	81	1·57	143	98	1·46	141	104	1·36	192	130	1·48	146	85	1·72
Chester ...	17	4	4·25	11	6	1·83	24	11	2·18	19	10	1·90	36	17	2·12	19	8	2·38
Croydon ...	74	71	1·04	81	41	1·98	76	64	1·19	75	47	1·60	114	82	1·39	141	75	1·88
Eastbourne...	9	13	0·69	6	5	1·20	4	10	0·40	12	7	1·71	11	11	1·00	11	6	1·83
Exeter ...	38	18	2·11	13	15	0·87	20	21	0·95	26	18	1·44	25	22	1·14	23	17	1·35
Gloucester ...	37	16	2·31	34	14	2·43	21	13	1·62	23	15	1·53	31	15	2·07	29	14	2·07
Norwich ...	30	29	1·03	35	25	1·40	38	32	1·19	41	20	2·05	52	40	1·30	40	26	1·54
Oxford ...	30	27	1·11	15	15	1·00	26	16	1·63	26	16	1·63	29	22	1·32	39	10	3·90
Southend ...	41	38	1·08	48	24	2·00	53	56	0·95	58	23	2·52	55	42	1·31	53	28	1·89
Southport ...	40	35	1·14	44	29	1·52	36	30	1·20	31	35	0·89	54	42	1·29	34	20	1·70
Worcester ...	17	16	1·06	15	10	1·50	12	14	0·86	26	14	1·86	27	29	0·93	32	14	2·29
TOTALS ...	629	510	1·23	570	361	1·58	606	464	1·31	589	415	1·42	794	581	1·37	680	375	1·81

TABLE XI.—*Death Rates per Million from Certain Causes by Social Class, of Males
Occupied and Retired, aged 15 years and over, during the Year 1953.*

Social Class	Total Males aged 15 years and over (as at 1951 Census)	Respiratory Tuberculosis		Cancer of the Lung		All Cancer, except Leukæmia		Leukæmia	
		No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate
I ...	4,543	1	220	1	220	6	1,321	—	—
II ...	21,354	5	234	24	1,124	68	3,184	1	47
III ...	102,687	37	360	101	984	309	3,009	12	117
IV ...	24,158	15	621	22	911	68	2,815	1	41
V ...	30,462	18	591	45	1,477	131	4,300	3	98
All Social Classes	183,204	76	415	193	1,053	582	3,177	17	93

Social Class	Total Males aged 15 years and over (as at 1951 Census)	All Heart Disease		Bronchitis		Ulcer of Stomach and Duodenum		Diabetes	
		No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate
I ...	4,543	17	3,742	1	220	1	220	—	—
II ...	21,354	136	6,369	19	890	5	234	2	94
III ...	102,687	451	4,392	109	1,061	17	166	7	68
IV ...	24,158	120	4,967	34	1,407	3	124	—	—
V ...	30,462	204	6,697	69	2,265	8	263	—	—
All Social Classes	183,204	928	5,065	232	1,266	34	186	9	49

TABLE XII.—Deaths from Tuberculosis of the Respiratory System in the Year 1953, classified according to Occupation, Sex and Age Periods.

OCCUPATION	TOTALS—ALL AGES			Under 1 year		1 & under 15 years		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards		
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
II.—AGRICULTURAL AND HORTICULTURAL OCCUPATIONS.																										
015. Other Gardeners	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
III.—MINING AND QUARRYING OCCUPATIONS.																										
042. Hewers and Getters	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
044. Persons developing underground workings in rock ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
IV.—MAKERS OF GLASS AND GLASSWARE.																										
072. Blowers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
VI.—WORKERS IN METAL MANUFACTURE, ENGINEERING AND ALLIED TRADES.																										
122. Blast Furnacemen, Steel Melters and their Team ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
126. Rollers and their Skilled Assistants	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
136. Steel Foundry Labourers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
145. Blacksmiths	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
146. Forgemmen, Pressmen	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
173. Turners (not Brass)	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
176. Machine Setters, Setter-operators	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
183. Machine Erectors, Millwrights, Maintenance Engineers ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
222. Goldsmiths, Gem Setters	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
259. Other Inspectors, Viewers, Testers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
261. Oxy-acetylene or Electric Welders and Cutters	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
263. Constructional Engineers (not Professional), Steel Erectors etc.	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
264. Cutlers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
266. File Cutters (Machine or Hand)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
VIII.—TANNERS, ETC., LEATHER GOODS MAKERS, FUR DRESSERS.																										
361. Boot and Shoe Makers and Repairers (not Factory) ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
IX.—MAKERS OF TEXTILE GOODS AND ARTICLES OF DRESS (NOT BOOTS AND SHOES).																										
383. Tailors	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
401. Upholsterers, Coach Trimmers, etc.	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XI.—WORKERS IN WOOD, CANE AND CORK.																										
472. Carpenters, Joiners	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
476. Pattern Makers (Wood or undefined)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XII.—MAKERS OF AND WORKERS IN PAPER AND PAPERBOARD ; BOOKBINDERS, PRINTERS.																										
526. Letterpress or Litho Printing Machine Minders and Setters ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE XII.—Continued.

OCCUPATION	TOTALS—ALL AGES			Under 1 year		1 & under 15 years		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
XIV.—WORKERS IN BUILDING AND CONTRACTING.																									
582. Builders' Labourers	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
585. Plasterers	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
599. Other Workers (mainly Navvies)	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
XVII.—PERSONS EMPLOYED IN TRANSPORT AND COMMUNICATIONS.																									
634. Locomotive Running Shed Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
658. Drivers of other Self-propelled Passenger Vehicles	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
659. Drivers of Self-propelled Goods Vehicles	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
660. Lorry Drivers' Mates, Van Guards, etc.	2	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
661. Bus and Tram Conductors	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
669. Other Road Transport Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
708. Porters (not elsewhere specified)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XVIII.—COMMERCIAL, FINANCE AND INSURANCE OCCUPATIONS (EXCLUDING CLERICAL STAFF).																									
710. Proprietors, Managers of Wholesale Businesses	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
728. Proprietors, Managers of Retail General and Mixed Businesses	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
749. Other Commercial Occupations	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
755. Insurance Agents and Canvassers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
XIX.—PROFESSIONAL AND TECHNICAL OCCUPATIONS (EXCLUDING CLERICAL STAFF).																									
799. Draughtsmen (not elsewhere specified)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
811. Authors, Editors, Journalists, Publicists	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
815. Painters, Sculptors, Engravers (Artists)	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
X.—PERSONS EMPLOYED IN DEFENCE SERVICES.																									
833. Civilian Defence Services—Watchmen	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
839. Civilian Defence Services—Other Occupations	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XXI.—PERSONS PROFESSIONALLY ENGAGED IN ENTERTAINMENT AND SPORT.																									
845. Musicians	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
855. Other Occupations	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
XXII.—PERSONS ENGAGED IN PERSONAL SERVICE (INCLUDING INSTITUTIONS, CLUBS, HOTELS, ETC.).																									
882. Domestic Servants (indoor)—Chefs, Cooks	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XXIII.—CLERKS, TYPISTS, ETC.																									
890. Clerks (not elsewhere specified)	3	3	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
895. Costing, Estimating and Accounting Clerks (inc. Book-keepers)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE XII.—Continued.

OCCUPATION	TOTALS—ALL AGES			Under 1 year		1 & under 15 years		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
XXIV.—WAREHOUSEMEN, STOREKEEPERS, PACKERS AND BOTTLERS.																									
909. Other Packers and Bottlers	1	1	...		...		...		...		...		...		...		...	1	...		...		...		...
XXV.—STATIONARY ENGINE DRIVERS, CRANE DRIVERS, TRACTOR DRIVERS, ETC., STOKERS, ETC.																									
912. Crane Drivers	1	1	...		...		...		...		...	1	...		...		...	...	...		...		...		...
914. Slingers and Riggers	2	2	...		...		...		...		...	...	...		...		2	...	...		...		...		...
XXVI.—WORKERS IN UNSKILLED OCCUPATIONS (NOT ELSEWHERE SPECIFIED).																									
931. Machine Minders—Engineering and Allied Trades	3	3	...		...		...		...		...	1	...		...		2	...	...		...		...		...
Labourers and other Unskilled Workers—																									
940. Metal Working, Engineering, Electrical and Allied Trades	9	9	...		...		...		...		...	...	...		...		3	...	...		1	...	2	...	...
950. All other Industrial and Commercial Occupations	3	3	...		...		...		...		...	...	...		...		...	...	...		2	...	...	...	...
XXVII.—OTHER AND UNDEFINED WORKERS.																									
972. Sand Blasters (excluding Shot Blasters)	1	1	...		...		...		...		...		...		...		1	...	...		...		...		...
990. No Occupation	1	1	...		...		...		...		...	...	...		...		...	...	...		...		...		...
999. DEPENDANTS	23	...	23		...		...		...		3	...	4		5		...	2	...		4		...	1	...
TOTALS	100	76	24		...		...		...		3	12	5		11	5	22	2	14		4	10	4	7	1

TABLE XIII.—Continued.

OCCUPATION	TOTALS—ALL AGES			Under 1 year		1 & under 15 years		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards		
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
VI.—WORKERS IN METAL MANUFACTURE, ETC.— <i>Continued.</i>																										
264. Cutlers	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
265. Die Sinkers and Engravers (not precious metals) ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
268. Edge Tool Grinders	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
271. Press Workers and Stampers, etc. (not Hot or Hydraulic)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
273. Wire Weavers, Wire Rope Makers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
279. Other Skilled Workers	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
VIII.—TANNERS, ETC., LEATHER GOODS MAKERS, FUR DRESSERS.																										
361. Boot and Shoe Makers and Repairers (not Factory) ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
X.—MAKERS OF FOODS, DRINKS AND TOBACCO.																										
421. Grain Millers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
422. Bakers and Pastry Cooks	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
430. Slaughterhouse Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XI.—WORKERS IN WOOD, CANE AND CORK.																										
472. Carpenters, Joiners	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
473. Coach, Carriage, Van and Cart Builders ; Body Builders	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
475. Packing Case Makers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XIII.—MAKERS OF PRODUCTS (NOT ELSEWHERE SPECIFIED).																										
573. Dental Mechanics	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XIV.—WORKERS IN BUILDING AND CONTRACTING.																										
582. Builders' Labourers	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
583. Bricklayers	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
584. Bricklayers' Labourers	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
588. Slaters and Tilers	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
593. Platelayers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
598. Other Skilled Workers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
599. Other Workers (mainly Navvies)	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XV.—PAINTERS AND DECORATORS.																										
609. Other Painters and Decorators	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XVI.—ADMINISTRATORS, DIRECTORS, MANAGERS (NOT ELSEWHERE SPECIFIED).																										
612. Local Authority Administrative and Executive Officers ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
614. Secretaries and Registrars of Companies, Institutions and Charities	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
615. Heads or Managers of Commercial and Industrial Office Departments	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE XIII.—*Continued.*

OCCUPATION	TOTALS—ALL AGES			Under 1 year		1 & under 15 years		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards				
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
XXII.—PERSONS ENGAGED IN PERSONAL SERVICE (INCLUDING INSTITUTIONS, CLUBS, HOTELS, ETC.).																												
864. Proprietors and Managers of Hotels ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
865. Publican, Beersellers, Inn Keepers ...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
867. Waiters, Waitresses, Still Room Hands...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
869. Hall and Hotel Porters; Door Keepers and Carriage Attendants ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
871. Hospital or Ward Orderlies; Attendants ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
874. Photographers (not Printing Trade) ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
888. Others in Personal Service ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XXIII.—CLERK, TYPISTS, ETC.																												
890. Clerks (not elsewhere specified) ...	6	5	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
895. Costing, Estimating and Accounting Clerks (inc. Book-keepers)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
XXIV.—WAREHOUSEMEN, STOREKEEPERS, PACKERS, BOTTLETS.																												
900. Warehousemen ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
901. Storekeepers ...	7	6	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...
909. Other Packers and Bottlers (including Wrappers, Labellers, Ticketers) ...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
XXV.—STATIONARY ENGINE DRIVERS, CRANE DRIVERS, TRACTOR DRIVERS, ETC., STOKERS, ETC.																												
911. Stationary Engine Drivers, other than Underground ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
912. Crane Drivers ...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...
913. Drivers of Civil Engineering Plant ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
914. Slingers and Riggers ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
915. Boiler Firemen and Stokers ...	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
XXVI.—WORKERS IN UNSKILLED OCCUPATIONS (NOT ELSEWHERE SPECIFIED).																												
931. Machine Minders—Engineering and Allied Trades ...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
937. Chemical and Allied Trades ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
940. Metal Working, Engineering, Electrical and Allied Trades	40	40	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...
950. All Other Industrial and Commercial Undertakings ...	12	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
XXVII.—OTHER AND UNDEFINED WORKERS.																												
972. Sand Blasters (excluding Shot Blasters)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
979. All Other and Undefined Occupations ...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
999. DEPENDANTS ...	126	3	123	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
TOTALS	362	235	127	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE XIV—continued.

OCCUPATION	TOTALS—ALL AGES			Under 1 year		1 & under 15 years		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards		
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
XVIII.—COMMERCIAL, FINANCE AND INSURANCE OCCUPATIONS (EXCLUDING CLERICAL STAFF).																										
715. Commercial Travellers, Canvassers (not Dock, Insurance or Railway)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
743. Costermongers and Other Hawkers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
753. Insurance Managers, Underwriters	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XXI.—PERSONS PROFESSIONALLY ENGAGED IN ENTERTAINMENTS AND SPORT.																										
843. Proprietors and Managers of Other Entertainments and Sports	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
XXII.—PERSONS ENGAGED IN PERSONAL SERVICE.																										
865. Publicans, Beersellers, Inn Keepers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
XXIV.—WAREHOUSEMEN, STOREKEEPERS, PACKERS, BOTTLERS.																										
900. Warehousemen	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
XXV.—STATIONARY ENGINE DRIVERS, CRANE DRIVERS, TRACTOR DRIVERS, ETC., STOKERS, ETC.																										
914. Slingers and Riggers	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
XXVI.—WORKERS IN UNSKILLED OCCUPATIONS (NOT ELSEWHERE SPECIFIED).																										
Labourers and other Unskilled Workers in—																										
940. Metal Working, Engineering, Electrical and Allied Trades	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...
950. All other Industrial and Commercial Undertakings	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
XXVII.—OTHER AND UNDEFINED WORKERS.																										
990. No Occupation	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
DEPENDANTS	8	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	1
TOTALS	42	34	8	...	...	...	...	...	...	...	...	...	...	...	...	8	...	9	1	8	6	9	...	...	...	1

TABLE XV.—Deaths from Leukaemia of Sheffield Residents in the Year 1953, classified according to Occupation, Sex and Age Periods.

OCCUPATION	TOTALS—ALL AGES			Under 1 year		15 & under 20 years		20 & under 25 years		25 & under 35 years		35 & under 45 years		45 & under 55 years		55 & under 65 years		65 & under 75 years		75 & under 85 years		85 years & upwards	
	Totals	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
IV.—WORKERS IN THE TREATMENT OF NON-METALLIFEROUS MINING PRODUCTS (OTHER THAN COAL). 066. Kiln and Oven Men, Kiln Setters and Placers ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
VI.—WORKERS IN METAL MANUFACTURE, ENGINEERING AND ALLIED TRADES. 173. Turners (not Brass) 181. Precision Fitters, Tool Makers, Machine Tool Fitters ... 212. Watch, Clock and Chronometer Makers and Repairers 225. Silver and White Metal Smiths, Mounters ... 259. Other Inspectors, Viewers, Testers ...	1 1 1 1 1	1 1 1 1 1	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...	... ... ... ... ...
XI.—WORKERS IN WOOD, CANE AND CORK. 472. Carpenters, Joiners ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
XIV.—WORKERS IN BUILDING AND CONTRACTING. 580. Foremen, Gangers ... 583. Bricklayers ...	1 2	1 2	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...	... ... ...
XV.—PAINTERS AND DECORATORS. 609. Other Painters and Decorators ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
XVIII.—COMMERCIAL, FINANCE AND INSURANCE OCCUPATIONS (EXCLUDING CLERICAL STAFF). 722. Proprietors, Managers of Retail Businesses for the sale of Meat	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
XXIII.—CLERKS, TYPISTS, ETC. 890. Clerks (not elsewhere specified) ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
XXIV.—WAREHOUSEMEN, STOREKEEPERS, PACKERS, BOTTLERS. 909. Other Packers and Bottlers ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XXVI.—WORKERS IN UNSKILLED OCCUPATIONS (NOT ELSEWHERE SPECIFIED). 940. Labourers and Other Unskilled Workers in Metal Working, Engineering, Electrical and Allied Trades ...	3	3	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...
XXVII.—OTHER AND UNDEFINED WORKERS. 979. All Other and Undefined Occupations ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
DEPENDANTS ...	10	3	7	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS ...	28	20	8	3	3	1	1	1	...	...	2	4	...	3	1	3	...	2	1	3	...	...	...

ACUTE RHEUMATISM REGULATIONS, 1947-1953.

by WILLIAM FIELDING, M.D., B.Sc., D.P.H.

The Acute Rheumatism Regulations, originally made in 1947 for a trial period of three years, were continued in 1950 and again in 1953. Certain selected areas of the country, of which Sheffield is one, have therefore been able to increase their experience of the notification of this disease in children up to 16 years of age. On balance, it appears that a useful purpose has been served, and most general practitioners agree that the facilities provided for expert diagnosis, care and after care, have been valuable.

As noted in the Annual Report for 1952, the Acute Rheumatism Committee of the Royal College of Physicians found little evidence to support the suggestion that the incidence of acute rheumatism was related to social standards, and the medico-social investigation of these cases, previously so time-consuming, has been abandoned for the time being. It seems clear from the wide variations in the incidence of the condition, of which a record is given for the period 1947-53 in the Table below, that certain epidemiological factors, not yet clearly understood, are at work, and that the social conditions of the patient are probably of only secondary importance. Previous investigations in Sheffield suggested an inherited predisposition, and a second and even third attack can occur in the same person, often leaving a damaged heart as a legacy of the infection.

TABLE XVI.—*Notifications of Acute Rheumatism in Sheffield, 1947-53.*

1947 (from Oct. 1st)	1948	1949	1950	1951	1952	1953	Total
71 (65)	143 (116)	52 (44)	91 (72)	30 (27)	39 (31)	68 (59)	494 (414)

(Figures in brackets represent number confirmed out of the total notifications).

The relationship between Scarlet Fever, acute streptococcal sore throat and acute rheumatism is almost certainly a close one, for these conditions are all due to the same, or similar, organism. It seems strange that, while during the last few decades scarlet fever has shown a most remarkable decline in mortality and is now a comparatively mild disease, there has been little change in the severity of acute rheumatism, and in its power to produce serious heart complications.

During 1953, sixty-eight cases of acute rheumatism were notified and, following investigation, fifty-nine of these were accepted as definite cases. Many of them were severe cases, with heart complications, and chorea was diagnosed in 17 cases compared with 4 cases in 1952.

A tabulated statement of cases notified during 1953, by age, sex and clinical classification is given in the following Table :—

TABLE XVII.—*Tabulation by Age, Sex and Clinical Classification of Cases notified as Acute Rheumatism in the year 1953.*

CLINICAL CLASSIFICATION OF CASE NOTIFIED	AGE IN YEARS								Total all ages		Total both sexes
	0—4		5—9		10—14		15+				
	M	F	M	F	M	F	M	F	M	F	
I. Rheumatic pains and/or Arthritis without heart disease	—	—	5	—	4	4	—	—	9	4	13
II. Rheumatic Heart Disease (active)— (a) with polyarthriti... ..	1	1	4	6	7	5	3	2	15	14	29
(b) with chorea	—	2	—	2	—	—	—	—	—	4	4
(c) with no other rheu- matic manifestations...	—	—	—	—	—	—	—	—	—	—	—
III. Rheumatic Heart Disease (Quiescent)	—	—	—	—	—	—	—	—	—	—	—
IV. Rheumatic Chorea (alone)	—	—	2	6	1	4	—	—	3	10	13
TOTAL RHEUMATIC CASES ...	1	3	11	14	12	13	3	2	27	32	59
V. Congenital Heart Disease	—	—	—	—	—	—	—	—	—	—	—
VI. Other non-rheumatic heart disease or disorder...	—	—	—	—	—	—	—	—	—	—	—
VII. Not rheumatic or cardiac disease	—	1	2	2	3	1	—	—	5	4	9
TOTAL NON-RHEUMATIC CASES	—	1	2	2	3	1	—	—	5	4	9

MATERNITY AND CHILD WELFARE

(Care of Mothers and Young Children)

In the administration of the Maternity and Child Welfare Services there were three principal Municipal clinics at 31st December, 1953, these being the City Maternity and Child Welfare Centre at Orchard Place and the Firth Park and Manor Centres. At the end of the year, there were also 17 subsidiary Centres located at suitable points so that, as far as was practicable, they covered the City.

The total number of children under five years of age attending the various clinics in 1953 was 16,475, as compared with 16,692 in 1952. Details of attendances at the various clinics are shown in the appropriate section of the report.

An aggregate of 5,546 expectant mothers attended during the year at the ante-natal clinics provided at these Maternity and Child Welfare Centres. This compares with an aggregate of 5,702 in 1952.

There are also ante-natal clinics at the City General and Nether Edge Hospitals administered by the Regional Hospital Board. When arrangements have been made for an expectant mother to have her confinement in the City General Hospital, her records are transferred to the ante-natal clinic there about the 34th week of pregnancy, and her continued ante-natal care is the responsibility of the medical staff at the Hospital. In certain cases, where there is medical or obstetrical abnormality present requiring ante-natal treatment, the patient is transferred to the City General Hospital early in pregnancy. The Hospital and the Maternity and Child Welfare Centre work together as a unit in the care of expectant mothers, and cases defaulting in attendance at the hospital or for some reason requiring to be followed up are referred back to the Centre. The 1953 figures of attendances at the Council's clinics included 1,094 expectant mothers whose confinements were arranged to take place in the City General Hospital, as compared with 1,237 women during 1952. There were 29 expectant mothers transferred to Nether Edge Hospital for ante-natal supervision for teaching purposes. In addition there is an ante-natal clinic at the Jessop Hospital for Women.

There is a great demand for hospital confinement on account of the facilities provided in hospital as compared with the difficulties of having confinement at home, especially when living in rooms, and the difficulty of getting a relative or friend to assist in the home during the puerperium.

Expectant mothers who arrange for home confinement and engage the services of a Municipal Midwife continue attendance at one of the Corporation ante-natal clinics. In each case, the midwife is furnished with a copy of the patient's ante-natal notes following her clinic medical examination, and, on each subsequent visit, a report on the patient's progress is forwarded to the midwife. After the confinement, the midwife returns the patient's notes to the Centre, together with a report on the condition of mother and baby at the confinement and during the puerperium. This information is of value to the clinic on the re-attendance of a patient in subsequent pregnancies. In order that the midwives should take an active part in the ante-natal care of their own cases, they have attended ante-natal sessions throughout the year, and patients have been requested to attend sessions at which the midwife booked is in attendance.

Many expectant mothers are sent to the clinic by their registered medical practitioners for ante-natal supervision, and co-operation between the medical practitioner and the clinic is maintained by informing him, or referring the case to him, when any of his booked expectant mothers develop abnormalities of pregnancy. The medical practitioner is also given information as to the Rhesus Factor of every patient who attends the clinic, and it is the intention to integrate the whole of the aspects of Care of the Mother into the best arrangement so as to give the maximum assistance to the mother and the midwife or doctor who is responsible for the actual confinement.

The following statement, which has been furnished by the Sheffield Regional Hospital Board, gives information with regard to confinements of Sheffield women which took place in 1953 in the Maternity Hospitals which have been transferred from the administration of the City Council to that of the Board. Information is also included which has been furnished by the Jessop Hospital.

Year 1953	City General Hospital	Nether Edge Hospital	Jessop Hospital for Women
Number of women whose confinements took place in the hospital.. ..	1,541	911	1,317
Number of live births resulting from these confinements	1,528	918	1,303
Number of still births resulting from these confinements	72	18	49

NOTIFICATION OF BIRTHS.

Compulsory notification of births is a requirement under the Public Health Act, 1936. Notifications of 7,616 live births and 224 still births, making a total of 7,840 births, were received in the year 1953. These births were attended as follows :—

At Home—

By Private Medical Practitioners	1,548
By Midwives	1,526
	<hr/> 3,074

In Nursing Homes 295

In Hospitals—

City General Maternity Hospital	1,679
Nether Edge Maternity Hospital	978
Jessop Hospital for Women	1,814
	<hr/> 4,471

TOTAL ..

7,840

It should be explained that the obligation to notify applies to all births occurring in the City, whether amongst Sheffield residents or otherwise, and that the foregoing figures, therefore, contain a certain proportion of births relating to cases where the mother was only temporarily resident in the City, hence the discrepancy between the numbers shown above and those appearing elsewhere in the Report.

During the year there has been a slight increase in the birth rate, the number of notified births in 1953 being 7,840 as compared with 7,632 in 1952. Since the National Health Service came into being there has been a tendency for expectant mothers to engage their own medical practitioners for confinement, and during 1953 the medical practitioners have maintained their numbers. It is possible for each confinement to be undertaken or supervised by a doctor free of charge. This is a matter which has been felt to be desirable for many years, and it is the aim of the ante-natal clinic to reinforce and assist the doctor to give the maximum care to the mother.

MATERNITY CLINICS.

By ANN KIRK BLACK, M.B., Ch.B.

Senior Assistant Maternity and Child Welfare Medical Officer.

Ante-natal Clinics.—Ante-natal sessions are held at twelve of the Maternity and Child Welfare Centres and, during the year, 2,151 sessions were held and patients made 36,612 attendances (giving an average of 17·0 per session), as compared with 35,268 in 1952. A total of 4,472 women attended for the first time, as compared with 4,429 in 1952.

Expectant mothers attending the clinics may need admission to the maternity units at the City General and Nether Edge Hospitals, in accordance with arrangements made with the Sheffield Regional Hospital Board. First priority is given to patients who require admission on medical and obstetric grounds ; consideration is then given to patients for whom admission is requested on sociological grounds. The Health Visitors and Midwives give assistance in the determination of need for hospital treatment on sociological grounds by visiting the homes, and reporting on

the suitability of the house for confinement arrangements. There is close association between the two hospitals and the Council's ante-natal clinics with regard to the admission of patients, both for treatment of ante-natal conditions which arise while patients are under the care of the clinic, and for confinement.

Many of the expectant mothers request the services of a Municipal Midwife who attends either in the capacity of midwife or maternity nurse. Where she attends as midwife her duty is to carry through the confinement herself unless she has need to call a medical practitioner because of abnormalities arising in connection with the confinement, as set out in the rules of the Central Midwives' Board. If the midwife is engaged as maternity nurse she acts under the direction of the medical practitioner engaged, and he is responsible for the case. In 1953 there were 1,230 cases delivered by the Municipal Midwives in the capacity of midwife as against 1,589 in 1952 ; and 1,638 patients were attended as maternity nurse cases as against 1,254 in 1952. Details are given, in the section of the report dealing with midwives, regarding engagement of Municipal Midwives and also of their work.

It is the practice, at the Maternity and Child Welfare Centre ante-natal clinics, for a Health Visitor to be in attendance with the Medical Officer at the examination of patients. In order that the Municipal Midwives may fulfil their duties under the Central Midwives' Board rules, they attend ante-natal sessions to see their own patients. It is only possible to arrange for attendance in the afternoons as the midwives are out visiting their cases in the mornings. This scheme is working well and should prove of value as an additional link between the district midwife, the clinic and the expectant mother.

Ante-natal patients attending the clinic are always under the supervision of a doctor.

The figures below show attendances at the various Centres, and include certain cases later transferred to the ante-natal clinics at the City General and Nether Edge Hospitals.

ATTENDANCES AT ANTE-NATAL CLINICS.

Centre			Total New Cases		Total Attendances of all Cases		† No. of Sessions		Average Attendances per Session
Orehard Place	..	..	3,675	..	15,114	..	809	..	19
Firth Park	..	..	372	..	3,657	..	252	..	15
Manor	..	..	425	..	4,963	..	255	..	19
Abbeydale	..	..	—	..	1,190	..	100	..	12
Broomhill	..	..	—	..	867	..	52	..	17
Burngreave	..	..	—	..	1,914	..	97	..	20
Carbrook	..	..	—	..	1,876	..	152	..	12
Darnall	..	..	—	..	2,131	..	99	..	22
Hillsborough	..	..	—	..	3,211	..	201	..	16
Tinsley	..	..	—	..	296	..	34	..	9
Woodhouse	..	..	—	..	373	..	51	..	7
Wybourn	..	..	—	..	1,020	..	49	..	21
TOTALS	..	..	4,472	..	36,612	..	2,151	..	17·0

† In certain instances these are part sessions only, relating to combined ante-natal and infant welfare clinics.

Comparative figures of new cases and attendances at the ante-natal clinics at the Maternity and Child Welfare Centres during the last five years are given in the following statement :—

Year.					New Cases.		Total Attendances of all Cases.
1949	..	..	..	..	4,964	..	37,494
1950	..	..	..	..	4,420	..	32,552
1951	..	..	..	..	4,508	..	34,739
1952	..	..	..	..	4,429	..	35,268
1953	..	..	..	..	4,472	..	36,612

Post-natal Clinics.—During the year every effort has been made to encourage mothers to attend the post-natal clinics. Patients leaving Nether Edge Hospital after confinement are given information as to the days and times of the clinics held at the Maternity and Child Welfare

Centres, and advised regarding the value of post-natal examination six weeks after the confinement. The midwives also invite their patients to attend one of these clinics for examination. The attendances in 1953 were 2,249, which is an increase over the previous year, the attendances for 1952 being 1,669. Certain patients delivered in the City General Hospital receive their post-natal supervision at the Hospital ; others are referred to the Maternity and Child Welfare Centres. Medical practitioners are now required to give this service to their patients about the sixth week after confinement.

Particulars follow relating to the attendances at post-natal clinics at the Maternity and Child Welfare Centres during 1953 :—

ATTENDANCES AT POST-NATAL CLINICS.						
Centre				Total New Cases	Total Attendances of all Cases	No. of Sessions
Orchard Place		..	..	961	1,499	139
Firth Park		..	..	173	220	105
Manor		..	..	352	530	182
TOTALS				1,486	2,249	426

Birth Control Clinics.—176 new cases attended the Birth Control Clinics during the year, and 397 attendances were made.

Laboratory Tests.—It is part of the routine work of the ante-natal clinics to take samples of blood from all patients for the Wassermann and Rhesus tests.

Wassermann tests are carried out at the Public Health Laboratory, and, during the year, 4,483 specimens were examined. In addition, 13 Kahn tests were carried out. There were five new cases of expectant mothers with a positive Wassermann result, as compared with 10 in 1952. When an expectant mother was found to have a positive WR and Kahn reaction she was referred to the special clinic at the City General Hospital under the care of Dr. Campbell, the Venerealogist, for confirmation and treatment if required. This arrangement has been in operation since October, 1951, and prior to this date patients were referred to the City General Hospital ante-natal clinic for treatment.

The Rhesus Factor.—Everyone belongs to one of the four blood groups, namely : A, B, O or AB, and this is due to the presence of certain substances in the red blood cells. In addition, there is another substance, known as the Rhesus Factor, which is found in the red blood cells of approximately 85 of every 100 persons of each blood group. Such people are said to be Rhesus positive, while the remaining 15 persons are described as Rhesus negative.

The existence of the Rhesus factor in the blood was first discovered in 1941. These factors are inherited from parents in a similar manner to the inheritance of the colour of the eyes and hair.

When a mother requires blood transfusion, it is essential that compatible blood be given—which means that the blood donor must be of the same blood group and Rhesus type as the mother.

The Rhesus factor is of importance in midwifery. If the mother and father are both Rhesus negative, any child born can only be Rhesus negative and no difficulty arises. If the mother is Rhesus positive and the father is Rhesus negative, then the child suffers no ill effect ; but, if the mother is Rhesus negative and the father Rhesus positive, the child may be Rhesus positive, and difficulty may occur. The effect in this case is that incompatible substances may be manufactured by the mother, because of the action of the Rhesus positive factor in the blood of the foetus, and these incompatible substances may then pass from the mother to the child and destroy the child's blood corpuscles—giving rise to a very severe type of anæmia and dropsy in the baby.

A similar type of difficulty may arise if a Rhesus negative mother is transfused with Rhesus positive blood. The resulting antibodies may affect a child of a subsequent pregnancy.

When a " Rhesus baby " is born and is found to be suffering from anæmia or jaundice, an exchange transfusion of blood is given ; a measured volume of blood is drained from the cord and immediately replaced with Rhesus negative blood obtained from a Rhesus negative blood donor.

During the year 1953 there were 3,700 specimens of blood sent from the ante-natal clinics to the National Blood Transfusion Laboratory for the ascertainment of the Rhesus factor. These samples were mostly from expectant mothers, but in a number of negative cases a sample was sent from the husband.

In multiparous cases with a negative Rhesus factor, a further sample is required by the Blood Transfusion Laboratory at about the 32nd week of pregnancy, and, in a number of these cases, another sample is required from mother and baby on delivery. The district midwives have received instructions in the collection of these samples during attendance at confinement.

In special cases a further sample from the mother is requested during the first post-natal month and a report on the clinical condition of the baby is also sent to the Blood Transfusion Service.

All expectant mothers are supplied with cards showing their blood grouping and Rhesus factor so that, on admission to hospital at any time, they can supply the hospital with information which would be of value in case of need for blood transfusion.

There were 678 Rhesus negative reports on patients who were due for confinement in 1953 and who, at some time during their pregnancy, had attended the ante-natal clinic. 18 of these Rhesus negative cases (or 2·7 per cent.) had an antibody present which necessitated hospital confinement on account of the possibility of the baby suffering from hæmolytic disease of the newborn. 16 of these patients had normal confinements, one had a Cæsarean section, and one had a miscarriage. 16 of the 17 mothers had full-time confinements and one had a premature confinement. There were 15 children born alive and two were stillborn. Of the 15 children born alive, two died of hæmolytic disease of the newborn after exchange transfusion. Of the 13 remaining children, three received an exchange blood transfusion and the condition of the other 10 was satisfactory and blood transfusion was not required. All 13 children were discharged well.

Miscellaneous Tests.—The Public Health Laboratory carried out further tests as required in connection with clinic work relating to the care of mother or child, namely : examination of 120 swabs and samples (ear, nose, throat, etc.), 11 smears (cervix and urethra) and 2 fæces samples ; also 155 specimens of urine were examined for organisms.

The Laboratory at the Firth Auxiliary Hospital, Norton, carried out 112 Zondek Ascheim tests for ascertainment of pregnancy.

There were 528 tests carried out at the City General Laboratories in respect of patients sent from the Centres for blood count and hæmoglobin estimation.

Maternity Patients and Hospital Treatment.—In addition to patients sent to the City General and Nether Edge Maternity Hospitals for ante-natal treatment when necessary, and for confinement, 386 patients were referred from the Maternity and Child Welfare Centre to the City General Hospital or Nether Edge Hospital for X-ray examination. There were also 186 who were sent from the Centres for dental treatment, the majority to the School Dental Clinic under arrangements between the Health and Education Committees, but, in emergency, a few to the Royal Hospital Dental Clinic. 95 expectant and nursing mothers were referred to their private medical practitioners for treatment.

There were 194 expectant mothers referred to the Chest Clinic for examination and X-ray. Of the mothers delivered in 1953, there were 10 cases of positive tuberculosis of the lung, 35 cases of negative or quiescent tuberculosis of the lung, and 61 who were in contact with a relative suffering from positive tuberculosis. The 45 positive and negative mothers had 43 normal confinements and 2 had forcep deliveries, resulting in 42 babies born alive, and 3 stillborn ; 33 of these children received B.C.G. vaccination. Of the 61 mothers who were in contact with a case of tuberculosis, 37 children were given B.C.G. vaccination.

Medical Supervision of Children in the Homes.—A Medical Officer from the Maternity and Child Welfare Centre visits Homes which are under the control of the Children's Department, for the purpose of medical inspection of the children. Visits are paid weekly to the Fulwood Cottage Homes, The Grove Reception Centre and The Moss Residential Nursery at Dore, and monthly visits are paid to Thornseat Lodge, Bradfield. All children under five years of age receive a medical examination every three months, and on each visit to the Homes the Medical Officer examines all children admitted since her previous visit.

The Children's Department refers all cases of young children boarded-out to foster parents in the city to the Medical Officer at the Maternity and Child Welfare Centre, who arranges for the children to attend the Centre once a year for a full medical examination. The foster mothers are encouraged to attend the Child Welfare clinics regularly.

Special Certificates for Expectant Mothers.—During the year 1953, the supply of certificates to enable expectant mothers to obtain the priorities ration book was continued.

INFANT WELFARE CLINICS.

At the present time, there are 20 Maternity and Child Welfare Centres operating in the city. The three main Centres are :—The Central Clinic, Orchard Place ; the Firth Park Centre, North Quadrant ; and the Manor Centre, Ridgeway Road. The remaining 17 Centres are improvised premises, nine of which are in Church buildings, two are accommodated in the City Libraries at Hillsborough and Walkley, two share premises with Nursing Associations and one with a Youth Centre, one is in rooms rented from a Co-operative Society, one is a house belonging to the Corporation, which has been adapted for clinic purposes, and the remaining clinic is held in a Toc H Centre.

The days and times of opening are as follows :—

Centre.	Clinic Days and Times.	Services provided.
Orchard Place	Daily 9 a.m. and 1.30 p.m. (except Saturday afternoon)	Infant and Orthopædic Consultations. Medical Inspection of pre - school children. Minor Ailments clinics. Sunray and Massage clinics. Diphtheria Immunisation and Vaccination sessions. Ante-natal, post-natal and Birth Control clinics.
Firth Park	Do.	Infant and Orthopædic Consultations. Medical Inspection of pre - school children. Minor Ailments clinics. Sunray and massage clinics. Diphtheria Immunisation and Vaccination sessions. Ante-natal and post-natal clinics.
Manor	Do.	Infant and Orthopædic Consultations. Medical Inspection of pre-school children. Minor Ailments clinics. Sunray and massage clinics. Diphtheria Immunisation and Vaccination sessions. Ante-natal, post-natal and Birth Control clinics.
Hillsborough	Monday 2 p.m. Tuesday } 9.30 a.m. and 2 p.m. Thursday } Friday 2 p.m.	Infant Consultations. Medical Inspection of pre - school children. Diphtheria Immunisation sessions. Ante-natal clinics.
Carbrook	Tuesday, 2 p.m. Wednesday 9.30 a.m. and 2 p.m. Friday 9.30 a.m.	Do.
Abbeydale	Monday } Wednesday } 2 p.m. Friday }	Do.

Centre.	Clinic Days and Times.	Services provided.
Woodhouse	Tuesday } Thursday } 2 p.m.	Infant Consultations. Medical Inspection of pre-school children. Diphtheria Immunisation sessions. Ante-natal clinics.
Tinsley	Tuesday 2 p.m.	Do.
Darnall	Monday 9.30 a.m. and 2 p.m. Thursday } Friday } 2 p.m.	Do.
Wybourn	Tuesday } Wednesday } 2 p.m.	Do.
Burngreave	Monday 9.30 a.m. Tuesday 2 p.m. Thursday 9.30 a.m. and 2 p.m.	Do.
Broomhill	Tuesday and Wednesday 2 p.m. Thursday 9.30 a.m. and 2 p.m.	Do.
Walkley	Monday } Wednesday } 2 p.m. Friday }	Infant Consultations. Medical Inspection of pre-school Children. Diphtheria Immunisation sessions.
Handsworth	Tuesday } Friday } 2 p.m.	Do.
Chantrey	Wednesday 9.30 a.m. and 2 p.m.	Do.
Totley	Thursday 2 p.m.	Do.
Endcliffe	Tuesday 9.30 a.m. and 2 p.m. Friday 2 p.m.	Do.
Wordsworth Drive	Wednesday 9.30 a.m. and 2 p.m.	Do.
Dore	Thursday 9.30 a.m. (alternate weeks)	Do.
Greenhill	Monday 2 p.m.	Do.

Infant consultations are held whenever the clinics are open, except on Saturday mornings ; diphtheria immunisation is also carried out whenever the clinics are open, including Saturday mornings. Sessions for the other services are held on appropriate days and times.

At the infant clinics, every baby is seen by the doctor on the first attendance. At several of the centres there is a doctor in attendance at the ante-natal session and a health visitor at the infant session, and the health visitor refers to the doctor all babies attending for the first time and any who are not making satisfactory progress. The other children attending the health visitor's session are seen by the doctor periodically.

At the centres where there is no ante-natal session, a doctor is in attendance for the supervision of the babies.

Attendances at Infant Clinics.—During the year various sessions have been held at the Infant Welfare Centres, e.g., Infant consultations, at which doctors and health visitors were in attendance, sessions for minor ailments, and for the administration of ultra violet light to children referred from the infant clinics, and medical inspection clinics for pre-school children, which are popular with the mothers. Medical examination of children was also carried out prior to admission to the Health Committee's Day Nurseries, and in certain cases where the child did not appear in good health, or was a contact of a case of tuberculosis. In addition to child welfare sessions, Dr. E. G. Herzog, Orthopædic Specialist and Superintendent of King Edward VII hospital, who is in the service of the Sheffield Regional Hospital Board, holds sessions for orthopædic consultations and treatment at the three main Centres, namely, Orchard Place, Firth Park and Manor Centres.

The total attendances at the Infant Welfare clinics during 1953 were 103,148, and the figure is made up as follows :—

								Attendances.
Infant Consultations	..	..	..	..	..	..	..	69,515
Minor Ailments	..	..	..	..	..	..	..	1,646
Ultra Violet Light Sessions	..	..	..	..	..	..	..	19,448
Medical Inspection clinics	..	..	..	..	..	..	..	12,488
Medical Inspection of Nursery Children	..	..	..	..	..	..	..	51
TOTAL								103,148

In addition, there were 4,900 attendances at the Diphtheria Immunisation clinic and 2,190 attendances at the Vaccination clinic.

Infant Consultations.—Particulars follow of the attendances at the Infant Consultations which were held at the various clinics in the year 1953 :—

ATTENDANCES AT INFANT CONSULTATIONS.

Centre.	Infant Consultations.		Total Attendances	Number of Sessions	Average Attendance per Session
	Under 1 yr.	1 to 5 yrs. and over			
Orchard Place	5,413	1,202	6,615	262	25
Firth Park	8,457	2,831	11,288	512	22
Manor	8,355	2,519	10,874	517	21
Abbeydale	2,909	448	3,357	152	22
Broomhill	2,778	559	3,337	151	22
Burngreave	3,400	428	3,828	152	25
Carbrook	3,268	318	3,586	154	23
Chantrey	1,909	434	2,343	104	23
Darnall	2,930	284	3,214	99	32
Dore	255	68	323	26	12
Endcliffe	2,462	504	2,966	148	20
Greenhill	858	229	1,087	49	22
Handsworth	1,414	213	1,627	99	16
Hillsborough	5,232	696	5,928	249	24
Tinsley	795	100	895	49	18
Totley	597	144	741	50	15
Walkley	2,188	360	2,548	147	17
Woodhouse	860	153	1,013	99	10
Wordsworth	2,407	315	2,722	111	25
Wybourn	1,130	93	1,223	52	24
TOTALS	57,617	11,898	69,515	3,182	22

New Cases attending Infant Consultations.—5,567 new cases attended during the year 1953 at the Infant Consultations, as follows :—

NEW CASES ATTENDING INFANT CONSULTATIONS.

Centre.	Under 1 yr.		Over 1 yr.	Totals.

Orchard Place.. ..	731	..	62	793
Firth Park	657	..	30	687
Manor	849	..	29	878
Abbeydale	246	..	13	259
Broomhill	196	..	14	210
Burngreave	306	..	14	320
Carbrook	329	..	7	336
Chantrey	145	..	9	154
Darnall	281	..	1	282
Dore	27	..	—	27
Endcliffe	210	..	19	229
Greenhill	67	..	3	70
Handsworth	100	..	3	103
Hillsborough	523	..	9	532
Tinsley	80	..	1	81
Totley	49	..	5	54
Walkley	179	..	5	184
Woodhouse	84	..	—	84
Wordsworth	172	..	2	174
Wybourn	106	..	4	110
TOTALS	5,337	..	230	5,567

Medical Inspection Clinics.—These clinics are very popular, and the response has been satisfactory. At present the Service has been mainly confined to those children who have at some time attended one of the Child Welfare Centres. Throughout the year, hundreds of requests for appointments have been made in cases where it has been impossible for the mother to attend on the original date given, on account of illness or for various other reasons.

Periodic medical examination is carried out in six groups, namely, at the age of one year, eighteen months, two years, three years, four years and at four and a half years, so that the children may receive six examinations before reaching five years of age. As it is not always possible to examine exactly at these ages, the records in the following tables show the result of examinations in age groups covering one to five years.

The total attendances in 1953 are given below :—

Centre	Total attendances			No. of sessions	*Average attendance per session
	Boys	Girls	Total		
1. Orchard Place ..	646	628	1,274	.. 144	.. 9
2. Firth Park ..	846	850	1,696	.. 263	.. 6
3. Manor	1,148	1,030	2,178	.. 210	.. 10
4. Abbeydale ..	301	257	558	.. 97	.. 6
5. Broomhill ..	270	275	545	.. 94	.. 6
6. Burngreave ..	331	279	610	.. 98	.. 6
7. Carbrook ..	260	271	531	.. 96	.. 6
8. Chantrey ..	182	223	405	.. 97	.. 4
9. Darnall	300	238	538	.. 92	.. 6
10. Dore	36	37	73	.. 12	.. 6
11. Endcliffe ..	288	275	563	.. 134	.. 4
12. Greenhill ..	141	129	270	.. 45	.. 6
13. Handsworth ..	202	197	399	.. 46	.. 9
14. Hillsborough ..	588	586	1,174	.. 191	.. 6
15. Tinsley	102	77	179	.. 27	.. 7
16. Totley	78	87	165	.. 25	.. 7
17. Walkley	260	286	546	.. 92	.. 6
18. Woodhouse ..	117	105	222	.. 49	.. 5
19. Wordsworth Drive	171	196	367	.. 90	.. 4
20. Wybourn ..	110	85	195	.. 44	.. 4
TOTALS ..	6,377	6,111	12,488	.. 1,946	.. 6

*These clinics are combined with Infant Consultations.

TABLE XVIII.—*Number of children medically examined in each age group, and the number of those children examined who had been vaccinated and immunised against diphtheria.*

Age group	No. of Medical examinations	No. of children vaccinated	Percentage vaccinated	No. of children immunised	Percentage Immunised
1. 12 — 17 months	3,129	1,071	34·2	2,181	69·7
2. 18 — 23 months	2,401	863	35·9	2,151	89·6
3. 24 — 32 months	2,120	766	36·1	1,976	93·2
4. 33 — 41 months	1,763	716	40·6	1,661	94·2
5. 42 — 50 months	1,686	564	33·5	1,599	94·8
6. 51 — 60 months	1,389	440	31·7	1,330	95·8
Total examinations	12,488				

The percentage is given in each individual group, and shows an increase up to the age of five years until in the last group more than 95 per cent. of those examined were immunised. This does not mean that the whole child population has been immunised to this extent.

TABLE XIX.—*Amount of breast feeding in the children examined in the first age group (12 – 17 months)*

Clinic	No. of children examined	Less than one month	Numbers of months fully breast fed.									
			1	2	3	4	5	6	7	8	9	
1. Orchard Place	329	79	250	205	175	130	102	83	71	65	47	
2. Firth Park... ..	390	104	286	233	196	158	133	125	105	88	55	
3. Manor	543	152	391	323	280	224	194	180	157	138	102	
4. Abbeydale... ..	150	32	118	100	91	72	56	52	42	38	20	
5. Broomhill	141	35	106	86	78	66	57	55	54	43	29	
6. Burngreave	182	42	140	112	83	63	45	34	28	23	17	
7. Carbrook	145	43	102	78	61	47	40	34	31	27	25	
8. Chantrey	80	26	54	47	37	30	25	21	18	13	7	
9. Darnall	152	56	96	80	70	58	49	48	43	37	27	
10. Doro	13	2	11	11	10	8	7	7	5	3	2	
11. Endcliffe	129	33	96	78	70	57	48	42	35	25	16	
12. Greenhill	53	16	37	32	27	25	22	21	18	17	13	
13. Handsworth	95	20	75	63	49	39	30	27	22	17	6	
14. Hillsborough	316	84	232	201	170	142	132	119	104	96	65	
15. Tinsley	37	7	30	25	22	18	17	16	14	13	11	
16. Totley	39	6	33	28	27	26	21	17	15	14	5	
17. Walkley	128	40	88	77	69	56	51	43	33	24	15	
18. Woodhouse	42	15	27	27	23	23	20	17	14	11	7	
19. Wordsworth	106	32	74	62	49	38	33	28	25	21	19	
20. Wybourn	59	24	35	33	26	23	21	16	13	11	8	
TOTALS	3,129	848	2,281	1,901	1,613	1,303	1,103	985	847	724	496	
Percentage of total examinations		27·1	72·9	60·8	51·6	41·6	35·3	31·5	27·1	23·1	15·9	

TABLE XX.—Average Weight (in lbs.) in the various age groups of children examined during the year 1953.

BOYS.

Clinic	Group 1 (12—17 months)		Group 2 (18—23 months)		Group 3 (24—32 months)		Group 4 (33—41 months)		Group 5 (42—50 months)		Group 6 (51—60 months)	
	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight
1. Orchard Place...	163	22.67	130	24.95	114	27.85	88	32.26	77	36.32	74	37.71
2. Firth Park ...	213	23.00	145	25.65	137	27.53	122	32.21	133	36.10	96	37.80
3. Manor ...	284	22.74	220	25.59	178	27.70	171	31.62	153	35.78	142	38.05
4. Abbeydale ...	80	23.20	61	24.95	47	27.57	41	32.73	37	38.15	34	39.40
5. Broomhill ...	83	23.29	58	25.92	43	27.90	37	33.75	34	36.60	14	38.27
6. Burngreave ...	97	22.64	70	25.07	69	27.54	36	31.88	33	34.25	26	37.27
7. Carbrook ...	67	23.37	40	25.20	44	27.36	37	31.69	29	36.27	43	38.56
8. Chantrey ...	31	22.22	28	25.34	35	28.09	33	32.44	36	36.18	19	37.70
9. Darnall ...	96	23.06	62	25.50	49	27.59	48	32.26	29	36.42	16	39.08
10. Dore ...	6	23.92	7	27.79	8	28.05	5	34.80	5	35.67	5	39.00
11. Encliffe ...	66	23.76	53	26.15	58	28.32	38	34.67	48	37.32	25	40.88
12. Greenhill ...	25	23.73	30	26.25	31	28.19	21	32.61	15	38.91	18	40.01
13. Handsworth ...	42	22.84	36	26.79	39	28.73	32	32.49	33	36.79	19	39.09
14. Hillsborough ...	164	22.72	117	25.43	107	27.77	64	32.73	74	36.23	62	38.24
15. Tinsley...	22	22.67	15	25.49	15	28.63	12	31.66	17	37.47	19	37.51
16. Totley ...	13	23.02	16	25.37	15	27.84	10	33.25	14	37.16	10	37.82
17. Walkley ...	65	23.41	48	26.27	37	28.19	31	31.90	42	36.46	37	38.49
18. Woodhouse ...	22	22.41	23	24.91	24	27.82	21	31.69	13	37.06	14	37.82
19. Wordsworth ...	53	22.43	24	25.31	28	28.48	28	33.14	22	37.08	16	38.36
20. Wybourn ...	37	22.55	19	26.45	18	27.51	13	30.61	15	34.67	8	39.28
All Clinics ...	1629	22.92	1202	25.55	1096	27.82	888	32.33	859	36.35	697	38.29
Not weighed ...	—	—	—	—	3	—	2	—	1	—	—	—
Totals ...	1629		1202		1099		890		860		697	

GIRLS.

Clinic	Group 1 (12—17 months)		Group 2 (18—23 Months)		Group 3 (24—32 months)		Group 4 (33—41 months)		Group 5 (42—50 months)		Group 6 (51—60 months)	
	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight	Number of Examinations	Average Weight
1. Orchard Place...	166	21.29	135	24.13	107	25.64	86	30.79	80	35.33	54	36.99
2. Firth Park ...	177	21.33	148	24.22	145	26.26	137	30.64	129	34.76	114	37.61
3. Manor ...	259	21.33	191	23.62	163	26.15	145	30.62	139	35.08	132	37.42
4. Abbeydale ...	70	21.62	49	24.40	42	26.69	34	31.89	35	34.54	27	37.20
5. Broomhill ...	58	21.69	53	24.26	52	27.48	39	31.27	41	36.33	31	38.37
6. Burngreave ...	85	21.21	68	23.80	55	26.59	33	29.85	15	36.80	23	38.96
7. Carbrook ...	78	20.85	46	23.40	47	25.71	24	29.97	48	34.87	28	34.83
8. Chantrey ...	49	22.25	42	24.69	39	26.19	36	31.05	30	37.02	27	38.77
9. Darnall ...	56	21.29	48	24.06	40	26.70	45	31.29	31	35.73	18	37.24
10. Dore ...	7	22.37	10	24.39	9	27.32	3	30.94	3	39.50	5	40.80
11. Endcliffe ...	63	22.02	56	24.65	44	27.29	37	32.17	41	36.70	34	38.16
12. Greenhill ...	28	22.09	24	25.04	23	26.08	16	32.28	24	35.86	14	39.95
13. Handsworth ...	53	22.04	45	25.03	37	27.45	22	31.30	26	37.14	14	37.42
14. Hillsborough ...	152	21.56	117	24.67	83	27.32	86	31.14	77	35.29	71	35.94
15. Tinsley...	15	22.51	16	24.89	13	27.63	17	32.56	11	34.94	5	36.35
16. Totley ...	26	22.63	20	25.20	11	28.45	9	30.28	12	35.61	9	38.90
17. Walkley ...	63	21.72	53	24.35	48	26.83	42	31.19	44	34.87	36	37.35
18. Woodhouse ...	20	21.79	14	24.60	18	26.20	23	30.86	12	36.43	18	39.54
19. Wordsworth ...	53	21.12	42	23.31	32	25.65	30	30.38	15	36.21	24	37.29
20. Wybourn ...	22	20.71	22	23.73	12	26.46	8	32.47	13	34.81	8	36.72
All clinics ...	1500	21.49	1199	24.19	1020	26.49	872	30.95	826	35.44	692	37.46
Not weighed ...	—	—	—	—	1	—	1	—	—	—	—	—
Totals ...	1500		1199		1021		873		826		692	

TABLE XXI.—Average Height (in inches) in the various age groups of children examined during the year 1953.

BOYS.

Clinic	Group 1 (12—17 months)		Group 2 (18—23 months)		Group 3 (24—32 months)		Group 4 (33—41 months)		Group 5 (42—50 months)		Group 6 (51—60 months)	
	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height
1. Orchard Place...	162	29·58	130	31·83	114	34·07	88	37·30	77	40·33	74	41·34
2. Firth Park ...	213	29·35	145	31·70	136	33·31	122	36·93	133	39·83	96	40·97
3. Manor ...	284	29·48	220	31·77	178	33·65	171	36·80	153	39·53	142	40·88
4. Abbeydale ...	80	29·34	61	31·46	47	33·38	41	36·97	38	40·30	34	41·28
5. Broomhill ...	83	29·67	58	32·34	43	34·28	37	38·12	34	40·51	14	42·13
6. Burngreave ...	97	29·21	69	31·52	69	33·55	36	36·72	33	39·19	26	40·96
7. Carbrook ...	67	31·29	40	33·13	44	35·37	37	38·16	29	41·87	43	43·38
8. Chantrey ...	31	29·14	28	32·17	35	34·36	33	37·61	36	40·43	19	41·83
9. Darnall ...	96	29·40	62	32·00	49	33·72	48	37·15	29	39·99	16	41·78
10. Dore ...	6	31·42	7	34·21	8	35·06	5	38·90	5	41·80	5	43·45
11. Endcliffe ...	66	30·24	53	32·59	58	34·58	38	38·88	48	41·10	25	43·19
12. Greenhill ...	25	31·15	30	33·51	32	35·72	21	39·01	15	42·18	18	43·67
13. Handsworth ...	42	29·38	36	32·63	39	34·45	33	37·65	33	41·13	19	42·53
14. Hillsborough ...	164	30·26	117	32·37	107	34·61	64	37·71	74	40·75	62	41·84
15. Tinsley...	22	30·18	15	32·47	16	34·72	12	37·79	17	41·06	19	41·54
16. Totley ...	13	31·12	16	33·42	15	35·72	10	39·49	14	42·32	10	42·63
17. Walkley ...	65	30·04	48	33·06	37	34·73	31	37·71	42	40·37	37	41·90
18. Woodhouse ...	22	28·73	23	31·30	24	33·30	21	36·32	13	40·23	14	40·71
19. Wordsworth ...	53	29·28	24	31·59	28	34·19	28	37·67	22	40·13	16	41·58
20. Wybourn ...	37	28·78	19	31·70	18	33·14	13	36·54	15	39·90	8	41·44
All Clinics ...	1628	29·68	1201	32·08	1097	34·07	889	37·37	860	40·30	697	41·63
Not measured	1		1		2		1		—		—	
Totals ...	1629		1202		1099		890		860		697	

GIRLS.

Clinic	Group 1 (12—17 months)		Group 2 (18—23 months)		Group 3 (24—32 months)		Group 4 (33—41 months)		Group 5 (42—50 months)		Group 6 (51—60 months)	
	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number of Examinations	Average Height	Number Examinations	Average Height
1. Orchard Place...	165	28·72	135	31·57	106	33·38	86	36·81	80	39·55	54	41·06
2. Firth Park ...	177	28·64	148	31·24	145	33·06	137	36·49	129	39·29	114	40·72
3. Manor ...	259	28·95	191	31·13	163	33·08	145	36·40	139	39·23	132	40·67
4. Abbeydale ...	70	28·81	49	31·54	42	33·17	34	36·93	35	39·21	27	40·80
5. Broomhill ...	58	28·66	53	31·74	53	34·19	39	37·07	41	40·70	31	41·49
6. Burngreave ...	85	28·44	68	30·86	55	33·27	33	36·43	15	40·07	23	41·43
7. Carbrook ...	78	30·54	46	32·92	47	34·97	24	38·04	48	41·27	28	42·43
8. Chantrey ...	49	29·15	42	31·63	39	33·61	36	37·08	30	40·71	27	41·75
9. Darnall ...	56	28·79	48	31·39	40	33·55	45	36·77	31	39·91	18	41·53
10. Dore ...	7	30·39	10	33·35	9	35·33	3	39·83	3	42·33	5	43·70
11. Endcliffe ...	63	29·82	56	32·25	44	34·37	37	38·01	41	40·98	34	42·20
12. Greenhill ...	28	30·10	24	33·15	23	35·00	16	38·89	24	41·94	14	43·79
13. Handsworth ...	53	28·96	45	31·84	37	34·01	22	37·43	26	41·12	14	41·68
14. Hillsborough ...	152	29·70	117	32·18	83	34·25	86	37·70	77	40·85	71	41·76
15. Tinsley...	15	29·57	16	32·00	13	34·38	17	38·03	11	39·59	5	40·70
16. Totley ...	26	30·50	20	33·01	11	35·91	9	38·25	11	41·61	9	43·36
17. Walkley ...	63	29·83	53	32·07	48	34·51	42	37·64	44	40·02	36	41·56
18. Woodhouse ...	20	28·93	14	31·43	18	32·92	23	36·82	12	39·79	18	41·18
19. Wordsworth ...	53	28·90	42	31·11	32	33·41	30	36·87	15	39·87	24	40·75
20. Wybourn ...	22	27·69	22	31·16	12	33·10	8	36·53	13	39·69	8	41·16
All Clinics ...	1499	29·12	1199	31·65	1020	33·68	872	37·02	825	40·05	692	41·31
Not measured	1		—		1		1		1		—	
Totals ...	1500		1199		1021		873		826		692	

TABLE XXII.—Summary of 12,488 Medical Inspections of children aged one to five years carried out during 1953, classified according to age-groups, sex and standard of nutrition.

CENTRE	Sex	Group 1 12 — 17 months					Group 2 18 — 23 months					Group 3 24 — 32 months					Group 4 33 — 41 months					Group 5 42 — 50 months					Group 6 51 — 60 months					Total—all ages					
		Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor	Number of Examinations	Very Good	Good	Fairly Good	Poor	
1. Orchard Place	M	163	55	102	6	—	130	48	77	4	1	114	45	61	6	2	88	29	51	8	—	1	77	25	40	11	—	74	23	41	10	—	646	225	372	45	4
	F	166	48	106	9	—	135	43	80	12	—	107	19	76	11	1	86	13	56	16	—	—	54	16	32	6	—	628	167	390	66	5					
2. Firth Park...	M	213	111	85	10	7	145	68	64	9	4	137	38	71	26	2	122	41	57	19	5	—	133	41	61	27	4	96	24	49	22	1	846	323	387	113	23
	F	177	75	71	23	8	148	50	69	24	5	145	38	71	29	7	137	36	65	34	2	—	129	35	69	19	6	114	31	58	21	4	850	265	403	150	32
3. Manor ...	M	284	113	149	22	—	220	81	115	22	2	178	48	111	18	1	171	34	106	28	3	—	153	31	96	22	4	142	32	91	17	2	1148	339	668	129	12
	F	259	73	155	27	4	191	51	104	30	6	163	32	108	21	2	146	26	100	20	—	—	139	35	80	23	1	132	35	82	15	—	1030	252	629	136	13
4. Abbeydale	M	80	65	14	1	—	61	42	15	4	—	47	37	9	1	—	41	29	11	1	—	—	38	28	7	3	—	34	18	15	1	—	301	219	71	11	—
	F	70	53	14	3	—	49	39	5	5	—	42	28	10	4	—	34	22	11	1	—	—	35	20	13	2	—	27	16	7	4	—	257	178	60	19	—
5. Broomhill ...	M	83	52	29	2	—	58	32	25	1	—	43	15	28	—	—	38	18	19	1	—	—	34	14	19	1	—	14	4	8	2	—	270	135	128	7	—
	F	58	38	18	2	—	53	35	16	2	—	53	28	24	1	—	39	12	21	6	—	—	41	16	22	3	—	31	8	21	2	—	275	137	122	16	—
6. Burngreave	M	97	53	42	2	—	70	28	40	2	—	69	24	38	6	1	36	11	22	2	1	—	33	5	19	7	2	26	5	16	5	—	331	126	177	24	4
	F	85	33	45	6	1	68	23	40	5	—	55	20	26	8	1	33	4	25	4	—	—	15	6	7	2	—	23	10	9	4	—	279	96	152	29	2
7. Carbrook ...	M	67	22	42	3	—	40	11	26	2	1	44	14	23	7	—	37	9	21	6	1	—	29	12	13	3	1	43	19	20	4	—	260	87	145	25	3
	F	78	16	46	15	1	46	6	30	8	2	47	9	28	4	1	24	2	17	4	—	—	48	11	31	6	—	28	3	15	10	—	271	47	167	52	5
8. Chantrey ...	M	31	19	10	2	—	28	18	8	2	—	35	23	8	3	1	33	21	10	1	—	—	36	18	12	6	—	19	7	8	4	—	182	106	56	18	2
	F	49	37	12	—	—	42	29	11	2	—	39	15	16	8	—	36	21	10	5	—	—	30	19	7	4	—	27	18	6	2	—	223	139	62	21	1
9. Darnall ...	M	96	35	54	7	—	62	11	48	3	—	49	9	33	6	1	48	8	36	4	—	—	29	5	18	5	1	16	1	11	4	—	300	69	200	29	2
	F	56	21	31	4	—	48	9	33	6	—	40	6	31	4	—	45	8	28	9	—	—	31	5	21	4	—	18	3	13	1	—	238	51	157	28	2
10. Dore ...	M	6	6	—	—	—	7	6	1	—	—	8	7	1	—	—	5	4	1	—	—	—	5	4	1	—	—	5	2	3	2	—	36	29	7	—	—
	F	7	7	—	—	—	10	3	7	—	—	9	5	4	—	—	3	2	1	—	—	—	3	3	—	—	—	5	3	2	—	—	37	23	14	—	—
11. Endcliffe ...	M	66	51	13	2	—	53	37	12	4	—	58	40	12	6	—	38	25	11	2	—	—	48	28	12	7	1	25	15	8	2	—	288	196	68	23	1
	F	63	40	22	1	—	56	30	19	5	—	44	17	24	3	—	37	19	16	2	—	—	41	26	11	4	—	34	19	12	3	—	275	151	104	18	2
12. Greenhill ...	M	25	20	5	—	—	30	20	9	1	—	32	15	12	5	—	21	9	12	—	—	—	15	13	1	1	—	18	10	6	2	—	141	87	45	9	—
	F	28	21	5	—	—	24	12	6	5	1	23	7	14	2	—	16	8	8	—	—	—	24	11	12	1	—	14	7	6	1	—	129	66	51	11	1
13. Handsworth	M	42	18	24	—	—	36	12	23	1	—	39	9	30	—	—	33	7	21	5	—	—	33	9	21	3	—	19	4	11	4	—	202	59	130	13	—
	F	53	17	33	3	—	45	11	32	1	—	37	7	27	3	—	22	5	15	2	—	—	26	5	19	1	—	14	4	8	1	—	197	49	134	11	3
14. Hillsboro' ...	M	164	79	72	11	2	117	63	38	15	1	107	54	40	12	1	64	26	32	5	—	—	74	27	40	7	—	62	22	34	6	—	588	271	256	56	5
	F	152	71	63	16	2	117	50	46	20	1	83	32	37	14	—	86	29	44	12	1	—	77	30	34	10	3	71	20	36	12	3	586	232	260	84	10
15. Tinsley ...	M	22	15	5	2	—	15	7	8	—	—	17	4	13	—	—	12	4	7	1	—	—	17	7	8	2	—	19	8	9	2	—	102	45	50	7	—
	F	15	9	6	—	—	16	9	5	2	—	13	8	3	2	—	17	5	3	3	—	—	11	5	3	3	—	5	2	2	1	—	77	41	27	9	—
16. Totley ...	M	13	—	13	—	—	16	2	14	—	—	15	—	13	2	—	10	—	6	—	—	—	14	3	11	—	—	10	2	7	1	—	78	11	64	3	—
	F	26	3	22	1	—	20	1	19	—	—	11	1	10	—	—	9	—	6	—	—	—	12	1	11	—	—	9	1	8	—	87	7	76	4	—	
17. Walkley ...	M	65	42	16	6	1	48	25	20	2	1	37	19	14	4	—	31	18	7	6	—	—	42	20	17	5	—	37	15	15	7	—	260	139	89	30	2
	F	63	29	24	9	1	53	24	18	11	—	48	16	23	8	1	42	18	14	9	1	—	44	18	13	12	—	36	11	15	10	—	286	116	107	59	4
18. Woodhouse	M	22	10	11	1	—	23	9	7	7	—	24	7	13	4	—	21	8	5	7	1	—	13	4	8	1	—	14	5	5	4	—	117	43	49	24	1
	F	20	10	5	5	—	14	8	4	2	—	18	5	8	2	—	23	7	7	9	—	—	12	4	6	2	—	18	8	8	1	—	105	42	38	21	4
19. Wordsworth	M	53	23	24	4	2	24	12	11	1	—	28	8	17	3	—	22	10	10	6	—	—	22	10	10	7	—	16	3	10	3	—	171	64	86	19	2
	F	53	22	23	7	1	42	6	27	8	1	32	4	12	14	2	30	7	15	6	2	—	15	6													

TABLE XXIII.—*Summary of Defects found in 12,488 Examinations of Children during the year 1953, classified under Sex and Age Groups.*

DEFECTS				ALL CLINICS												Total		Full Total (both sexes)	
				Group 1 (12-17 mths)		Group 2 (18-23 mths)		Group 3 (24-32 mths)		Group 4 (33-41 mths)		Group 5 (42-50 mths)		Group 6 (51-60 mths)					
				M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Cleanliness—																			
Dirty body	1	3	1	2	2	1	1	1	5	4	1	2	11	13	24				
Infested body	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
Dirty head	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1				
Infested head	—	—	—	2	—	—	1	—	1	2	—	—	2	4	6	31			
Skin—																			
Eczema	21	12	14	21	16	17	11	7	8	6	4	3	74	66	140				
Naevus	6	12	4	7	5	8	—	5	—	1	1	—	16	33	49				
Impetigo	2	—	—	3	1	3	1	1	4	—	—	—	8	7	15				
Urticaria	4	—	2	4	1	1	—	—	1	2	1	1	9	8	17				
Dermatitis	11	2	2	1	1	—	—	—	—	—	—	—	14	3	17				
Other conditions	—	1	—	1	—	1	1	—	1	1	1	3	3	7	10	248			
Tonsils and Adenoids—																			
Enlarged	2	1	35	39	78	63	117	114	178	122	139	113	549	452	1,001				
Obstructed	—	—	—	—	—	—	1	3	8	10	6	2	15	15	30				
Removed	—	—	—	—	1	—	2	2	19	10	19	14	41	26	67	1,098			
Teeth—																			
3 and under—caries	1	—	10	5	19	7	83	73	157	151	203	160	473	396	869				
4 and over—caries	—	—	9	4	20	18	55	55	130	121	136	127	350	325	675	1,544			
Ears—																			
Partial deafness	—	—	—	—	—	1	—	—	—	—	1	—	1	1	2				
Otorrhœa	3	3	—	3	3	1	3	—	1	1	3	—	13	8	21				
Otitis Media	2	1	1	1	—	1	2	1	—	1	1	3	6	8	14	37			
Eyes—																			
Squint	4	5	7	2	9	7	9	13	13	6	11	8	53	41	94				
Blind	—	1	—	1	—	—	—	—	—	—	—	—	—	2	2				
Blind in one eye	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1				
Cataract	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1				
Ptosis	—	—	—	2	—	—	—	—	1	2	—	—	1	4	5				
Amblyopia	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1				
Nystagmus	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1				
Blepharitis	—	—	1	3	2	2	—	1	3	1	2	—	8	7	15				
Conjunctivitis	—	—	—	1	—	—	—	—	1	—	—	—	1	1	2	122			
Heart and Circulation—																			
Organic disease	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1				
Congenital heart disease	1	1	2	1	1	1	2	1	1	—	1	—	8	4	12				
Functional murmurs	4	4	6	8	10	7	10	7	16	5	8	9	54	40	94	107			
Lungs—																			
Asthma	1	—	—	1	1	—	3	—	—	2	1	—	6	3	9				
Bronchitis	1	—	—	—	—	—	1	—	—	—	—	—	2	—	2	11			
Alimentary System—																			
Prolapsed rectum	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1			
Nervous System—																			
Spastic Paralysis	—	—	—	—	—	—	3	—	—	—	1	—	4	—	4				
Erbs Paralysis	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1				
A.P.M. Paralysis	—	—	1	1	—	—	—	—	—	—	—	—	1	1	2	7			
Mental Condition—																			
Mentally defective	1	2	1	—	—	3	2	2	—	3	1	1	5	11	16				
Mongol	2	—	1	1	1	1	1	—	1	—	2	—	8	2	10	26			
Speech—																			
Poor for age	—	—	—	—	3	—	10	6	9	8	5	4	27	18	45				
Stammer	—	—	—	—	—	—	3	1	1	—	5	1	9	2	11	56			
Orthopaedic—																			
Knock-knee (slight)	—	—	7	15	35	64	123	103	108	69	78	59	351	310	661				
Knock-knee (marked)	—	—	—	—	1	4	7	8	5	4	4	1	17	17	34				
Scoliosis	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	696			
Genito-urinary System—																			
Albuminuria	—	—	—	—	—	—	1	—	1	—	—	—	2	—	2				
Nephritis	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	3			
Developmental Defects—																			
Phimosis	16	—	10	—	1	—	2	—	3	—	1	—	33	—	33				
Hernia	13	11	16	7	7	4	2	2	2	—	1	—	41	24	65				
Hydrocele	—	—	1	—	1	—	1	—	—	—	1	—	4	—	4				
Hypospadias	1	—	—	—	2	—	1	—	—	—	—	—	4	—	4				
Microcephaly	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1				
Webbed toes	—	1	—	1	—	—	—	—	—	—	—	—	—	2	2				
Spina Bifida	—	—	1	1	—	—	—	—	—	—	—	—	1	1	2				
Cleft Palate	2	—	4	3	—	—	—	—	—	—	—	—	6	3	9				
Congenital dislocation of hip	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1				
Talipes equino varus	4	1	—	—	—	—	—	—	—	—	—	—	4	1	5				
Other conditions	4	3	—	1	1	—	1	—	—	1	—	—	6	5	11	137			
Operations—																			
Circumcision	28	—	25	—	22	—	12	—	10	—	10	—	107	—	107				
Herniotomy	4	2	4	1	5	2	2	—	2	2	5	1	22	8	30				
Laparotomy intussusception	2	1	—	1	—	—	1	—	—	—	—	—	3	2	5				
Repair of Hare-lip and Cleft palate	1	—	4	—	—	—	—	1	—	—	—	—	5	1	6				
Appendicectomy	1	—	—	1	—	—	—	—	4	—	1	—	6	1	7				
Rammstedt (pyloric stenosis)	4	3	—	1	—	—	—	—	1	—	—	—	5	4	9				
Mastoidectomy	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1				
Minor operations	—	2	2	2	—	1	1	—	1	1	5	1	9	7	16	181			
Organic Diseases—																			
Rickets	4	6	9	1	2	—	—	—	—	—	—	—	15	7	22				
Anæmia	2	2	1	—	1	—	—	—	1	—	—	—	5	2	7				
Pinks Disease	1	7	1	1	—	—	—	—	—	—	—	—	2	8	10				
Convulsions	1	1	—	1	—	—	—	—	—	—	—	—	1	2	3				
Kernicterus	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1				
Idiopathic fits	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1				
Epilepsy	—	—	—	1	—	—	2	—	2	—	—	—	4	1	5				
Tuberculosis, abdomen	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1				
Other conditions	1	1	—	—	—	—	—	—	1	—	1	—	3	1	4	54			
Enuresis	—	—	—	—	—	—	17	12	17	12	17	10	51	34	85	85			
Thread Worms	1	1	1	1	3	2	2	3	2	4	—	2	9	13	22	22			
Glands of neck enlarged	5	6	33	29	43	31	90	70	123	83	140	78	434	297	731	731			
TOTALS	163	98	217	183	298	251	590	493	84										

TABLE XXIV.—Summary of Defects found in 12,488 examinations of children during the year 1953, classified according to Medical Inspection Clinics.

DEFECTS	1 Orchard Place	2 Firth Park	3 Manor	4 Abbey- dale	5 Broom- hill	6 Burn- greave	7 Car- brook	8 Chan- trey	9 Darn- all	10 Dore	11 End- cliffe	12 Green- hill	13 Hand- worth	14 Hills- boro'	15 Tin- sley	16 Totley	17 Walk- ley	18 Wood- house	19 Words- worth	20 Wy- bourn	Sub- Total	Total
Cleanliness—																						
Dirty body	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Infested body	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dirty head ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Infested head	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Skin—																						
Eczema ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nevus ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Impetigo ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Urticaria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dermatitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other conditions	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tonsils and Adenoids—																						
Enlarged ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Obstructed ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Removed ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Teeth—																						
3 and under-carious	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 and over-carious	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ears—																						
Partial deafness	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Otorrhoea ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Otitis Media	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eyes—																						
Squint ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blind ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blind in one eye	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cataract ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ptosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Amblyopia ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nystagmus ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blepharitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Conjunctivitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart and Circulation—																						
Organic disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital heart disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Functional murmurs	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lungs—																						
Asthma ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Alimentary System—																						
Prolapsed Rectum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous System—																						
Spastic Paralysis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erbs Paralysis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
A.P.M. Paralysis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mental Condition—																						
Mentally defective	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mongol ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL c/f	339	398	634	105	108	147	141	145	159	17	145	39	96	327	60	32	149	81	62	48	3232	3232

DEFECTS	1 Orchard Place	2 Firth Park	3 Manor	4 Abbey- dale	5 Broom- hill	6 Burn- greave	7 Car- brook	8 Chan- treay	9 Darn- all	10 Dore	11 End- cliffe	12 Green- hill	13 Hands- worth	14 Hills- boro'	15 Tin- sley	16 Totley	17 Walk- ley	18 Wood- house	19 Words- worth	20 Wy- bourn	Sub- Total	Total
Total b/f	339	398	634	105	108	147	141	145	159	17	145	39	96	327	60	32	149	81	62	48	3232	3232
Speech—																						
Poor for age	8	2	11	—	3	1	2	4	1	—	2	1	2	1	—	2	1	1	—	3	45	
Stammer	2	—	4	—	—	1	—	—	1	—	—	—	—	—	—	—	2	1	—	—	11	56
Orthopædic—																						
Knock-knee (slight)	49	77	120	30	25	31	13	48	36	4	53	14	21	54	5	4	36	18	8	15	661	
Knock-knee (marked)	3	1	3	2	1	1	—	10	5	—	4	—	1	1	—	1	—	—	—	1	34	
Scoliosis	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	696
Genito-Urinary System—																						
Albuminuria	—	—	—	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2	
Nephritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3
Developmental Defects																						
Phimosis	1	—	12	5	1	—	2	2	2	—	—	—	1	5	—	—	1	1	—	—	33	
Hernia	1	12	12	2	2	2	4	2	3	—	3	1	2	8	—	—	7	1	3	—	65	
Hydrocele	1	—	—	—	—	1	2	—	—	—	—	1	—	—	—	—	—	—	1	—	4	
Hypospadias	—	—	1	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	4	
Microcephaly	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	
Webbed toes	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	
Spina bifida	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	
Cleft Palate	2	1	1	—	—	—	—	—	1	—	—	—	—	4	—	—	—	—	—	—	9	
Congenital dislocation of hip	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Talipes Equino Varus	1	—	1	—	—	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	5	
Other conditions	1	1	3	—	—	3	—	1	—	—	2	—	—	—	—	—	—	—	—	—	11	137
Operations—																						
Circumcision	7	14	12	10	8	6	5	3	3	1	4	—	3	14	2	2	11	—	—	2	107	
Herniotomy	3	3	—	3	—	2	6	—	3	—	3	1	—	1	1	1	1	3	—	1	30	
Laparotomy intussusception	1	—	1	—	—	1	1	—	—	—	—	2	—	—	—	—	—	—	—	—	5	
Repair of Hare-lip and cleft palate	2	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—	—	—	6	
Appendicectomy	—	2	—	—	1	—	1	—	1	—	—	—	—	—	—	1	1	—	—	1	7	
Ramstedt (pyloric stenosis)	3	1	—	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	9	
Mastoidectomy	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	
Minor operations	—	3	4	—	2	—	—	—	1	—	4	—	—	1	1	1	—	—	—	—	16	181
Organic Diseases—																						
Rickets	3	1	6	—	—	—	—	—	1	—	5	—	—	3	—	1	—	1	1	—	22	
Anæmia	1	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	7	
Pinks Disease	1	1	1	2	—	1	2	—	—	1	—	—	—	—	—	—	—	—	1	1	10	
Convulsions	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	
Kernicterus	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Idiopathic fits	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Epilepsy	—	—	1	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	1	—	5	
Tuberculous abdomen	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Other conditions	1	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	54
Enuresis	7	13	8	6	7	2	4	2	7	1	2	5	1	5	2	2	5	5	1	—	85	
Thread Worms	2	1	6	3	—	2	—	1	1	—	2	—	—	1	—	—	1	—	1	—	22	
Glands of Neck Enlarged	101	68	145	29	7	46	28	14	53	1	25	6	33	81	11	6	36	28	2	11	731	731
Total defects	542	602	993	202	166	249	215	232	280	25	258	71	160	511	82	51	251	140	81	86	5197	5197
Children without defects	901	1223	1480	403	414	429	377	235	352	51	369	213	291	790	124	129	355	133	294	126	8689	8689
Children with one or more defects	373	473	698	155	131	181	154	170	186	22	194	57	108	384	55	36	191	89	73	69	3799	3799
Total examinations	1274	1696	2178	558	545	610	531	405	538	73	563	270	399	1174	179	165	546	222	367	195	12488	12488

Minor Ailments Clinics.—These are held at three of the Maternity and Child Welfare Centres, namely, Orchard Place, Firth Park, and Manor Centres, and children are referred from the Infant Consultation sessions for treatment for minor ailments. Details of attendances at these clinics are as follows :—

				Attendances of Children		
Centre				Under 1 year	1—5 years	Total
Orchard Place	..	..	..	216	30	246
Firth Park	..	..	..	398	62	460
Manor	..	..	..	698	242	940
TOTALS				1,312	334	1,646

Ultra Violet Light Clinics.—Sessions are held at Orchard Place, Firth Park and Manor Maternity and Child Welfare Centres. Children are referred by the medical officer at the Infant Consultations for a course of 24 treatments and reviewed before a further course is prescribed. The attendances in 1953 are shown below :—

				Attendances of Children		
Centre				Under 1 year	1—5 years	Total
Orchard Place	..	..	..	72	7,598	7,670
Firth Park	..	..	..	16	6,827	6,843
Manor	..	..	..	64	4,871	4,935
TOTALS				152	19,296	19,448

Particulars follow of the total attendances of all cases and also of the number of new cases which attended in each of the past five years at all consultation and treatment clinics :—

Year				Total Attendances of all Children	Total Children attending for first time
1949	..	..	..	144,100	6,173
1950	..	..	..	114,938	5,441
1951	..	..	..	121,310	5,759
1952	..	..	..	107,458	5,489
1953	..	..	..	103,148	5,567

Children referred to Private Medical Practitioners or Hospital for treatment.—366 of the children who attended at the Centres during the year were referred by the medical staff to their private medical practitioners for treatment ; 73 were referred to hospitals ; 173 to the school clinic, and 14 to the Chest Clinic.

Dried Milk and Other Foods.—At the Maternity and Child Welfare Centres there were 121,820 lbs. of dried milk and other foods distributed during the year, as compared with 142,452 lbs. in 1952.

National Dried Milk and Vitamins.—In addition to the usual distribution of dried milk and other foods at the Maternity and Child Welfare Centres, quantities of National Dried Milk and Vitamins were distributed at these Centres on behalf of the Ministry of Food. The following are details in regard to the distribution of these commodities in the years 1952 and 1953 :—

Foods	Quantities Distributed—Years.	
	1952.	1953.
National Dried Milk—1½ lb. tins.. (No. of tins).	89,277	93,967
Cod liver Oil—6 oz. bottles (No. of bottles).	95,630	74,773
Orange Juice—6 oz. bottles (No. of bottles).	330,354	284,789
Vitamin A and D Tablets—Pkts. of 45 tablets.. (No. of pkts.).	20,553	20,024

It will be noted there is a drop in the uptake of Cod Liver Oil. However, most of the children under 12 months of age who attend the clinics are receiving Halibut Liver Oil in liquid form, as it is found that this agrees with the children better than Cod Liver Oil. In addition, most of these young children are prescribed Rose Hip Syrup. During 1953 the distribution of these vitamins was as follows :—

Halibut Liver Oil	..	..	..	..	8,148 bottles (5 cc.)
Rose Hip Syrup	..	..	..	..	10,464 bottles (6 ozs.)

MATERNITY AND NURSING HOMES.

No new premises were registered as Nursing Homes during the year, and one Nursing Home closed in January, 1953. On the 31st December, 1953, there were 10 Nursing Homes on the register, providing accommodation for 25 maternity and 114 other cases, and these premises were visited as required.

CHILD MINDERS.

Under the Nurseries and Child Minders Regulation Act, 1948, three registrations have been granted for the care of a total of 35 children.

HOMES FOR MOTHERS AND BABIES, AND HOMELESS CHILDREN.

St. Agatha's Church of England Hostel, a home for unmarried expectant mothers, is situated at No. 22, Broomgrove Road and has a complement of 28 beds. After the confinements, which take place in hospital, the mothers return to the Home with their babies until the necessary arrangements can be made for the care of the baby and for the mother to resume work.

St. Margaret's Girls' Rescue and Maternity Home, Leeds, admits Roman Catholic unmarried expectant mothers from the Sheffield area.

The Salvation Army Home, at Kenwood Park Road, admits various classes of cases, including homeless children and girls who are lacking adequate control. The Sheffield Branch of Dr. Barnardo's Home also accepts homeless children.

Unmarried expectant mothers are, where necessary, admitted to Firvale Infirmary, which has been administered by the Sheffield Regional Hospital Board since 5th July, 1948, and homeless children are admitted into the Sheffield Children's Homes administered by the Council.

In December, 1953, the Mother and Baby Home at 19-21, Hucklow Road, which is administered by the Council, was opened for admission of mothers and babies. The Home is intended for the care of unmarried girls and mothers in social difficulties with a view to rehabilitation where necessary. Three patients were admitted before the end of the year.

HANDICAPPED MOTHERS AND CHILDREN.

It is desired to give assistance where possible to handicapped mothers and children, and in order to obtain information as to the needs of families in which such cases are found, a survey on the types of cases and the family difficulties is being prepared. Cases are reported from the clinics and by the Health Visitors during daily routine of work, and a special enquiry form is submitted to the Health Visitors and the information received is being collated. By this method it is hoped that some scheme could be started whereby the strain on the mother in the care of a handicapped child could be relieved, possibly by admission to a Day Nursery on one or two afternoons per week. In the same way, when the mother is the handicapped person, it may be possible to give her some assistance by admitting the pre-school child to a Day Nursery on one or two afternoons per week in order to give the mother a rest ; or assistance could be given through the Domestic Help Service.

A brief report of the enquiry to date is as follows :—

HANDICAPPED MOTHERS.

(with children under 5 years).

The disabilities from which 51 mothers were found to be suffering were as follows :—

						Sub-total	Total
Musculo-skeletal system—							
Cervical disc	..	..	..	..	..	1	
Congenital deformity	..	..	..	..	..	1	2
Cardio vascular system—							
Valvular heart disease	..	..	..	..	..	12	12
Central nervous system—							
Disseminated sclerosis	..	..	..	..	..	4	
Epilepsy	..	..	..	..	..	2	
Hemiplegia	}	..	..	..	..	2	
Paraplegia		..	..	..	..	2	
Parkinson's disease	..	..	..	..	..	1	9

Systemic diseases—							
Diabetes	..	..	..	..	..	..	1
Bronchiectasis	..	..	..	..	..	..	2
Rheumatoid arthritis	..	..	..	..	..	..	2
Pulmonary tuberculosis	..	..	..	..	..	..	6
							11
Special senses—							
Deaf	..	..	..	..	..	..	3
Deaf and dumb	..	..	..	..	..	..	7
Blind	..	..	..	..	..	..	2
							12
Mental condition—							
Mental defective	..	..	..	..	..	..	3
Psychotic	..	..	..	..	..	..	2
							5
						TOTAL	..
							51

The investigation showed that the families varied in size from one to seven children, with an average of 2·2 children per family.

The handicapped mothers, on the whole, were managing very well ; 25 were coping well with their difficulties, 18 were average, no information as to management was available in two cases, two mothers were in difficulties and four were overwhelmed. In the two latter categories it was found that two mothers were mental defectives, two were cardiacs, one a case of rheumatoid arthritis, and one a paraplegic.

The survey reveals that help is required for the children in the following 12 cases :—cardiacs 3, paralytics 2, rheumatoid arthritis 2, epileptic 1, blind mothers 2, mental defectives 2.

It is also revealed that cardiac lesions are responsible for the majority of the handicapped mothers, but that only a small proportion require help. Mothers who are severely crippled or paralysed would seem to be the major problem ; all those enumerated above require help. The mental defectives appear to be a problem on their own and require special consideration. The vast majority of the families deal very well with their problems and arrange for all the help they need, from parents, friends, or from older children.

HANDICAPPED CHILDREN.
(under 5 years).

In attempting to look into the conditions prevailing in the homes of handicapped children under five years of age, to see if help could be given in any way, it appears that the problem can be approached in four ways :—(a) the handicap can be alleviated by treatment as far as possible ; (b) the children can be removed from the family ; (c) the parents can be given extra help at home ; (d) the children can be cared for in Day Nurseries for varying periods of time. A number of these children do not, of course, need special care.

It is felt that parents should be encouraged to seek treatment but it does appear that little further can be done along lines (a) and (b) at present. The approach to the problem appears to be along lines (c) and (d), which provide for extra help to deal with the problems.

Information received on the survey of 113 children reveals the following conditions :—

							Sub-total	Total
Mental conditions—								
Mental defectives	..	..	..	..	..	..	19	
Mongols	..	..	..	..	..	..	20	
Microcephaly	..	..	..	..	..	..	2	
Kernicterus	..	..	..	..	..	..	2	43
Nervous system—								
Epilepsy	..	..	..	..	..	..	5	
Acute Poliomyelitis	..	..	..	..	..	..	8	
Spastic paralysis	..	..	..	..	..	..	9	
Erbs palsy	..	..	..	..	..	..	1	
Cerebral palsy	..	..	..	..	..	..	1	24
Developmental defects—								
Muscle and limb defects	..	..	..	..	..	..	5	
Congenital dislocation of hip		..	..	..	..	..	2	
Polydactyly	..	..	..	..	..	..	2	
Syndactyly	..	..	..	..	..	..	1	
Congenital absence of tongue		..	..	..	..	..	1	
Achondroplasia	..	..	..	..	..	..	1	12

Cardiovascular system—								
Congenital heart lesions	..	..	..	..	..	..	11	11
Special senses—								
Eyes—Blind	..	..	..	..	..	..	2	
Blind-glioma	..	..	..	..	..	..	2	
Retrolental fibroplasia	..	..	..	..	..	..	2	
Cataracts	..	..	..	..	..	..	5	11
Ears—Deaf mutism	..	..	..	..	..	..	1	1
Systemic diseases—								
Toxoplasmosis	..	..	..	..	..	..	3	
Nephritis	..	..	..	..	..	..	1	
Fibrocystic disease	..	..	..	..	..	..	1	
Perthes disease	..	..	..	..	..	..	1	
Spina bifida	..	..	..	..	..	..	2	8
Glandular system—								
Cretin	..	..	..	..	..	..	3	3
							TOTAL	113

As can be seen in the table, a very high proportion of these children are mental defectives, namely 43 out of 113, making the total of mental defectives approximately 38 per cent. of all the disabled.

In analysing the effect on the parents, mainly the mother, it is ascertained that 72 manage well, 1 fairly well, 32 are average in dealing with their problems, 3 manage badly, 5 are overwhelmed in the care of these handicapped children. Of those who require help, the majority of requests are from parents of mental defectives, but there are a few requests from parents of other groups.

It would seem that mothers would receive great benefit in these cases if one or more day nurseries could be used for the care of these children, provided transport could be supplied and the cost to the parents be kept low. The extension of the Domestic Help system does not seem to be of value in solving this problem. The largest group requiring help is that of the mental defectives and, as some of them are very low grade, they would require close attention from trained staff.

MASS RADIOGRAPHY.

A scheme for chest X-ray at the Mass Radiography Centre came into operation at the beginning of January, 1954, whereby expectant mothers attending the Maternity and Child Welfare Centre ante-natal clinics are given an appointment letter for chest X-ray. It is the aim of the clinic to make Mass Radiography a part of the initial ante-natal examination of expectant mothers. Where the reports show defects, the expectant mother is referred to the Chest Clinic for full investigation where necessary and arrangements are made for hospital confinement and B.C.G. vaccination for the baby if the mother is found to be a case of positive or negative tuberculosis.

From the 2nd January to the 30th April, 1954, 1,346 expectant mothers were offered Mass Radiography, and of these 271 failed to attend for various reasons, and 31 had an appointment date beyond the time of this report. Of the remainder, in 1,009 cases the lung fields were clear but in 35 cases conditions were found as shown below, and investigation was carried out on several of these expectant mothers :—

Tuberculosis of the lung (sputum positive)	..	..	..	..	..	..	..	1
Tuberculosis of the lung (sputum negative)	..	..	..	..	..	..	..	8
Bronchitis	..	..	..	..	..	..	..	6
Emphysema	..	..	..	..	..	..	..	1
? Sarcoidosis	..	..	..	..	..	..	..	1
Other conditions with lung fields clear :—								
Heart shadow enlarged	..	..	..	..	..	..	..	9
Mitral stenosis	..	..	..	..	..	..	..	2
Dorsal scoliosis	..	..	..	..	..	..	..	2
Flattening of right diaphragm	..	..	..	..	..	..	..	2
Deformity of 8th rib, old empyema	..	..	..	..	..	..	..	1
Fusion of 8th and 9th right ribs posteriorly	..	..	..	..	..	..	..	1
Abnormal 2nd right rib	..	..	..	..	..	..	..	1
							TOTAL	35

The General Practitioner is, by arrangement, given the X-ray result of all his cases.

Although the above does not apply to the year under review, it was thought that, as the initial steps were taken in 1953, the results obtained should be included as a matter of interest in this Report.

DAY NURSERIES.

by WILLIAM FIELDING, M.D., B.Sc., D.P.H., Deputy Medical Officer of Health.

In the Annual Report of the Medical Officer of Health for the year 1952, details were given of a survey carried out in the closing months of that year into the reasons for admission of children to the City Day Nurseries. This showed that only about 25 per cent. belonged to the " Priority Group ", where the mother was the sole wage earner in the family, or the father was a widower, and a further 5 per cent. were admitted for some purely temporary emergency, such as the admission of the mother to hospital. The remaining 60—70 per cent. of cases (a small number could not be classified owing to insufficient information) belonged to the " Non-Priority Group " where both parents were gainfully employed, and most of the children had been admitted for purely financial reasons.

The Health Committee therefore considered that the Day Nurseries had largely ceased to perform an essential public health service, and the growing cost of maintenance of the fabric of the buildings, the increased cost of maintaining a child in the nursery, and a variety of other circumstances, led to their decision to close nine of the 17 existing Day Nurseries as from 2nd April, 1953. The nurseries to be closed were decided following a careful investigation into the degree of dilapidation of the building, site ownership, and the number of " Priority " cases in the area, and were as follows :—

Abbeyfield.	Moore Street.
Attercliffe.	Parson Cross.
Broadfield Road.	Prince of Wales Road.
Cricket Inn Road.	Royal Infirmary.
Hillsborough.	

At the same time, the Health Committee decided to apply the provisions of Ministry of Health Circular 23/52, which followed the National Health Service Act, 1952, and which authorised the " actual cost " of Day Nursery Services to be charged to parents, whereas previously the cost of food only had been charged. It was realised that the Ministry of Health expected every case to be assessed for charge in the light of the total family income after certain deductions had been made, a procedure which has led to a great deal of additional work for the clerical staff of the Department. The final result has been that those whose income is substantial pay the full cost of maintaining the child in the nursery, but those in poor circumstances can benefit from a reduced charge.

In a City of the population of Sheffield, there will always be a certain number of children of the " Priority Class ", whose mothers are the sole wage-earners of the family, but there is a strong body of opinion which completely opposes the separation of mother and child during the first few years of life, and would prefer to pay the mother of these children a wage to stay at home and look after them until they reach school age. There is much to be said for this point of view for, during the period when a young child is between 6 months and 3 years old, its need for its mother is greater than during any other period, and there is also the danger of a young child picking up infection in even the best regulated nursery.

The rising cost of maintenance of a child in a Day Nursery has been reflected in the average daily attendance, for it is clearly of no material advantage to a woman to go out to work if her wage is in large part absorbed in nursery fees. Where the mother is the sole wage-earner, the fees are, of course, adjusted to meet these circumstances, and in certain cases completely remitted by the Committee, who are always ready to give sympathetic consideration to special cases of hardship.

The average daily attendances in the Day Nurseries (Monday to Friday inclusive) are shown below :—

Month	Average Daily Attendance								
January	584
February	539
March	416
April	265*
May	286
June	311
July	284
August	265
September	311
October	302
November	323
December	313
Average Daily Attendances, Year 1953	350

* Nine Day Nurseries closed on 2nd April, 1953.

Illness in Day Nurseries.—During the year, small epidemics of minor infectious illness have occurred from time to time, as is indeed inevitable where numbers of young susceptible children are coming from their homes each day. In no case has an outbreak of illness reached serious proportions, and the regular medical inspection of the children by doctors on the Department's staff has led to their reference to their own practitioners for treatment.

Day Nursery Staff.—The closure of more than half the Day Nurseries led to a redundancy of staff, who were quickly absorbed into other employment. It is pleasing to note the large number of young girls trained as Day Nursery Assistants who have proceeded to make a permanent career in General and Children's Nursing, and the Supervisor of Day Nurseries must be given credit for her great interest in, and helpful advice to, these young recruits to the nursing profession.

DENTAL SERVICES

REPORT OF MR. E. COPESTAKE, L.D.S., SENIOR SCHOOL DENTAL SURGEON, on
the Dental Treatment provided in the School Health Service Dental Clinics for
Pre-School Children and Expectant and Nursing Mothers during 1953.

Patients referred by the Maternity and Child Welfare Services to the School Dental Clinics have been treated on what is estimated to be the equivalent of 204 half days or complete sessions. This represents approximately eight per cent. of the total sessions during which the clinics are in use.

Pre-School Children.—Children under five years of age, who attend almost invariably for the relief of pain, are treated at the first available general anæsthetic session in the clinic situated nearest to their homes. There are no problems attached to the treatment of these children, and they recover very rapidly from nitrous oxide and oxygen administration. They rarely suffer from delayed healing of sockets or excessive bleeding, and parents appreciate the service rendered.

Summary of Treatment.

Number of children	Number of appointments given	Attendances	Extractions	Gas and Oxygen Anæsthetic	Fillings	Other Treatment	No Treatment required
183 (246)	225	180 (298)	253 (503)	166 (254)	1 (1)	5 (43)	8

(The figures given in brackets are those for 1952, which are included for easy reference. The number of parents seeking treatment for their pre-school children in the school clinics has dropped annually since 1951, due to the fact that private practitioners are now more willing to treat children).

Expectant and Nursing Mothers.—The mothers attend the Central Clinic for inspection and advice on one session per fortnight, 30 patients being referred for each session. Two sessions each week are reserved for their routine treatment and one session each fortnight for extraction under general anæsthesia. They are often in great need of help, and the removal of septic teeth is attended to first. Many of these patients are now attending in the first instance at a date early in their pregnancy and treatment can then be completed before the child is born. Often enough, however, some part of the treatment has to be postponed.

Provision of Dentures.—The construction of dentures is carried out in the laboratories of the School Dental Service. The employment of a full-time dental technician enables dentures to be provided immediately or shortly after teeth have been extracted. Many of the 53 partial and 21 full dentures fitted would be of the immediate type, and while these require remaking after some twelve months use, due to absorption of the supporting tissues of the mouth, patients find them useful at a critical period.

The following statements give details of the findings at the inspection sessions and of the treatment carried out during the year. The figures in brackets are for the previous year and are given for comparison.

Summary 1.

Number of cards issued by Welfare Clinics	Number of patients attending for inspection at the dental clinics	Number found to require treatment	Number refusing treatment or obtaining treatment privately
279 (429)	187 (321)	187 (321)	28 (37)

Summary 2.

Details of treatment found to be required at inspection are as follows :—

Fillings	Extractions	Scalings	X-rays	Dentures		Gum Treatment
				Partial	Full	
573 (1,069)	923 (1,201)	128 (267)	26 (18)	84 (146)	45 (44)	5 (26)

Summary 3.

Treatment carried out during the year is detailed below :—

Fillings	Extractions	Scaling and Gum Treatment	X-rays	Dentures		Anæsthetics		* Miscellaneous
				Partial	Full	Local or Regional	Nitrous Oxide and Oxygen	
253	562	120	44	53 + 1 repair	21	37	137	337
(293)	(782)	(237)	(39)	(59 + 1 repair)	(23)	(90)	(159)	(301)

* This includes dressings, impressions, “ bites ” and “ try-ins ” for denture work.

Summary 1 shows that 33 per cent. of the mothers invited to attend for inspection and advice failed to keep their appointments. Of those who did attend, more than 80 per cent. accepted the treatment offered.

Summary 2 gives an account of all the treatment required by patients inspected and Summary 3 details the treatment actually carried out for those who accepted treatment. Many of these patients work, and taking time off means a loss of income ; they have families to care for too, and often do not feel well enough to submit to dental treatment. These difficulties affect their attendances.

General Anæsthetics.—Nitrous oxide and oxygen was administered on 303 occasions. Each patient is examined by a Medical Officer of the Maternity and Child Welfare Services before an attendance is made and a report is provided. The Dental Anæsthetist to the School Dental Service administers all anæsthetics to the mothers.

Scaling and Gum Treatments.—This treatment is invariably carried out by the Oral Hygienist. At the same time she offers advice on cleaning of the teeth and demonstrates, by the use of models, a good method of using the toothbrush.

Conclusion.—While the School Dental Staff remains so numerically small, treatment can be given to comparatively few patients. The Staff do appreciate this branch of the Welfare Services, finding the work both interesting and satisfying, and although at the moment it is not fully developed, it is hoped that in time it will be possible to expand the service, thus fulfilling a need and promoting the health of an important section of the community.

MIDWIFERY

by MISS M. J. YATES, Non-Medical Supervisor of Midwives.

At the end of the year 1953, in the Municipal Domiciliary Midwifery Service, there were 42 Midwives directly employed by the Council and two employed by the Jessop Hospital for Women, under arrangements with the Council.

During the year, the Midwives attended 1,230 confinements at which the Midwife alone was booked, and of these the doctor was called in to assist with the actual birth in 35 cases. In addition, they attended 1,638 confinements at which the doctor was also booked. The corresponding figures for the year 1952 were 1,589 and 1,254 respectively.

The Midwives continued to attend the weekly ante-natal sessions held in their area, and thus had the opportunity of seeing each week the patients booked to them. 1,599 attendances were made at these sessions and, in addition, home visits were carried out during the ante-natal period.

Nursing care of the mother and baby in regard to home confinements is carried out by the Midwives until the 14th day of the puerperium, and beyond this date where necessary. An arrangement is also in operation between the Hospitals and the Local Authority whereby all patients discharged home before the 14th day are notified to the Medical Officer of Health and passed to the Domiciliary Midwife for care up to the 14th day, in accordance with the requirements of the Central Midwives Board. 2,148 mothers were discharged under these arrangements during the year.

Visits are also made by the Midwives to the homes of expectant mothers in order to assess their suitability for home confinement. Reports are made in every case and forwarded to the Senior Maternity and Child Welfare Medical Officer before a decision is made as to where the confinement should take place.

The following statement gives a summary of the visits made by the Midwives during the year 1953 :—

Home visits during the ante-natal period	..	..	..	..	..	9,831
Nursing visits during the 14 days after confinement	..	..	..	..	..	49,515
Nursing visits after the first 14 days	..	..	..	..	..	341
Visits to mother confined in hospital and discharged home before the						
14th day	..	..	..	..	..	4,216
Visits for the purpose of assessing suitability for home confinement	..	..	..	..	..	3,049
TOTAL	..	..	..	..	..	66,952

Relief in Childbirth.—All the Midwives directly engaged by the Council are qualified to administer Analgesics and possess sets of apparatus for this purpose ; transport is available, whenever necessary, to carry the apparatus to the home of the patient. During the year 1953, the Midwives administered Gas and Air Analgesia and Pethidine as follows :—

Of the 894 confinements for which the doctor was booked and was present, Gas and Air Analgesia was administered in 525 cases and Pethidine in 398 cases.

Of the 744 confinements for which the doctor was booked but was not present, Gas and Air Analgesia was administered in 429 cases and Pethidine in 252 cases.

Of the 1,230 confinements for which the Midwife alone was booked, Gas and Air Analgesia was administered in 808 cases and Pethidine in 443 cases.

Breast Feeding.—Of the 2,868 confinements at which the Midwives were present during the year, 2,322 of the infants were wholly breast fed when the Midwife ceased attendance at the 14th day of life.

Medical Aid Calls.—There were 623 cases in which medical aid was summoned by Midwives during the year under Section 14 (1) of the Midwives Act, 1918, as against 637 in 1952. Particulars of these calls are as follow :—

Condition occurring during Pregnancy	..	..	..	..	..	91
Condition occurring during Labour :—						
(a) Laceration of perineum	..	..	..	..	..	162
(b) Other Causes	..	..	..	..	..	132
						— 294
Condition occurring during Puerperium :—						
(a) Pyrexia	..	..	..	..	..	24
(b) Other Causes	..	..	..	..	..	39
						— 63
Condition occurring in respect of Infant :—						
(a) Discharging Eyes	..	..	..	..	..	95
(b) Other Causes	..	..	..	..	..	80
						— 175
TOTAL	..	..	..			623

Maternity Packs.—Sterilised Maternity Outfits were supplied throughout the year for use at all home confinements.

Domiciliary Care of Premature Infants.—This service commenced on the 4th April, 1952, when two Midwives were seconded to the work, each having spent one month in Newcastle-upon-Tyne, working with the special unit caring for Premature Infants in that City.

Eight sets of equipment to help in the nursing of these infants are available free of charge, each comprising of the following items :—

Cot, mattress, blankets and bedding, hot-water bottles, wall thermometers, cot thermometers and feeding equipment.

Two Queen Charlotte Oxygen Tents are also available and, although oxygen has not yet been used on the district, the tents have proved useful incubators.

The equipment is housed at Firth Park Welfare Centre and transport is provided by the Ambulance Service.

The following statement gives a summary of the work carried out during the year 1953 :—

INFANTS BORN AT HOME.

Weight Group	Number of Infants Born	Remarks	Feeding on Discharge	Number of Visits
2½ lbs. and under	2 (twins)	Died within 3 hours.	—	1
2 lbs. 9 ozs.— 3½ lbs.	3	1 transferred to hospital. 2 nursed satisfactorily.	2 breast feeding.	92
3 lbs. 9 ozs.— 4½ lbs.	18	1 transferred to hospital immediately after birth. Dead on arrival. 4 admitted to Hospital for the following reasons :— 1 Fibro Elastosis of the heart. 1 ? Cerebral. 2 poor home conditions (twins). 13 nursed satisfactorily.	14 breast feeding. 1 complementary feeding. 2 artificial feeding.	621
4 lbs. 9 ozs.— 5½ lbs.	42	2 admitted to hospital for the following reasons :— 1 a twin failing to thrive, ?chest condition. 1 a lethargic baby. 40 nursed satisfactorily.	30 breast feeding. 11 complementary feeding. 1 artificial feeding.	1,045

INFANTS BORN IN HOSPITAL AND DISCHARGED TO CARE OF PREMATURE UNIT.

Weight Group	Number of Infants Born	Remarks	Feeding on Discharge	Number of Visits
2½ lbs. and under	—	—	—	—
2 lbs. 9 ozs.— 3½ lbs.	2	Nursed satisfactorily.	1 breast feeding. 1 artificial feeding.	12
3 lbs. 9 ozs.— 4½ lbs.	22	Nursed satisfactorily.	10 breast feeding. 7 artificial feeding. 5 complementary feeding.	277
4 lbs. 9 ozs.— 5½ lbs.	48	Nursed satisfactorily.	28 breast feeding. 13 artificial feeding. 7 complementary feeding.	439

Pupil Midwives.—24 pupil midwives received training during the year with the approved district teachers in preparation for the Part II Examination of the Central Midwives' Board.

Midwives' Meetings.—Meetings of the Midwives were held monthly throughout the year, and use has been made of the film projector for the showing of film strips to the staff.

Post-graduate Courses.—Five Midwives attended residential post-graduate courses during 1953, two going to Birmingham, two to Leeds and one to London.

Midwives in Domiciliary Practice in the City.—At the end of the year there were 49 trained Midwives, inclusive of Municipal Midwives, in practice in Domiciliary Midwifery in the City. They consisted of 42 Municipal Midwives, two engaged by the Jessop Hospital for Women and five in private practice.

HEALTH VISITING

At the end of the year 1953, the staff of Health Visitors consisted of a Superintendent Health Visitor, a Deputy Superintendent Health Visitor, two Superintendents of Infant Welfare Centres, and 36 full-time qualified Health Visitors.

The Health Visitors are required to undertake visiting for the purpose of general supervision in connection with the care of expectant and nursing mothers and young children, and, under the National Health Service Act, 1946, this function has been extended to include the general care and health education of the household as a whole. In this work their activities extend into the field of prevention of illness, and care and after-care for all members of the family. The Health Visitor is developing into the general purpose social worker for which her training as a nurse and midwife, together with the special training required to qualify as a Health Visitor, is eminently suitable. Her work brings her into contact with the family at times when the outlook arising as a result of this training is appreciated.

Ten Health Visitors are attached to the hospital in their respective areas, and they visit the hospital Almoner at least once a week to collect information regarding patients who are to be discharged and who will need some form of after-care. They also discuss the suitability of the home for the reception of a person being discharged from hospital. In the case of a child, where the home conditions are unsuitable for immediate reception, discharge from hospital is delayed until satisfactory arrangements can be made. Emergency cases are dealt with by telephone. Information is given to the Health Visitor for the district in which the out-going patient lives, and she arranges for the necessary help to be given, *e.g.*, services of a domestic help, bedding, diet, reports to the Medical Officer of Health in cases of housing difficulties, and those matters which need to be referred to other Departments and outside Authorities.

Visits are paid to the homes of hospital out-patients who have defaulted in their attendance, in order to give another appointment and encourage the patient to keep under regular supervision and continue with the necessary treatment. A report is sent to the hospital in all these cases.

During the past year contact with General Practitioners has increased considerably, and Health Visitors are in touch with them on every possible occasion in order to discuss difficulties which arise in connection with families on the district and where it is thought some help can be given. Great strides have been made in this direction and full support and co-operation has been received from many General Practitioners. This is a section of the work in which we are very interested and, as the Health Visiting staff increases, it is hoped that even greater service will be rendered in this direction.

The Health Visitors are responsible for the home visits of patients suffering from tuberculosis, and they pay regular visits to the Chest Clinic in order to discuss with the medical staff any matters relating to the welfare of their cases. In addition, one Health Visitor calls at the Chest Clinic each day in order to keep close contact with any matters arising in respect of district cases. The Health visitors carry out "follow up" work in connection with tuberculous patients, visit notified cases and arrange for contacts to attend the Chest Clinic, giving special attention to children. Babies of tuberculous mothers are treated with B.C.G. vaccine and, where possible, arrangements are made for a suitable relative to take charge of the child for the necessary period of segregation. Every effort is made by the Department to arrange for the babies to remain in the care of their own families, but, where this is impossible, foster-parents are employed for the segregation period. These babies are closely supervised by the Superintendent and Deputy Superintendent Health Visitor. In co-operation with the Department of Child Health of the Sheffield University and the Children's Hospital, the Health Visitors have continued to visit the homes, and apply a skin test to children up to three years of age, who are contacts of notified tuberculosis.

During the year, Health Visitors carried out jelly tests for tubercular reaction on children attending the Day Nurseries, in preparation for the reading of the result by one of the clinic doctors. This survey was carried out in order to ascertain whether children admitted to the nurseries had a positive reaction.

In connection with visits made to young children, the Health Visitors have access to the records of every Sheffield child shortly after birth, and the welfare of these children is supervised at the discretion of the Health Visitor until the child is five years of age, when all necessary records are transferred to the School Health Service. Special investigations are made in connection with children suffering from whooping cough and rheumatism.

At the request of the Medical Officer of Health, various hospitals send particulars to the Department of persons who have received treatment on account of accidents, burns and scalds in the home. As a result, the Health Visitor is enabled to follow up the cases involving young children or aged people, in the hope that suitable preventive measures can be arranged in their homes in order to avoid further accidents.

Complaints regarding overcrowding and unsatisfactory home conditions in which children are involved, and reports regarding neglect of children, are investigated by the Health Visitors, and such cases are kept under regular supervision. It is found that, through past work in this direction, more cases are being reported to the Department at an early stage by some relative of the family who is concerned regarding the welfare of a child and is seeking assurance that every possible care shall be given. Information received is confidential and, as knowledge of the nature of the work becomes widespread, more cases are revealed to the Department. During the year, very adequate co-operation has been received from the Inspectors of the National Society for Prevention of Cruelty to Children, and much valuable information has been exchanged at the Co-ordinating Committee's meetings which are attended by the Deputy Medical Officer of Health and the Deputy Superintendent Health Visitor.

There is co-operation between the Health Visitors and the Council of Social Service in respect of problems which are discovered from time to time and for which help can be rendered by either or both Services.

During the year, many requests have again been received for help from, and in connection with, people suffering from old age and infirmity; many of these requests are from General Practitioners, clergy, voluntary societies, National Assistance Board Officers, relatives and neighbours. Every case is visited by a Health Visitor and, where possible, help is given. In cases of illness, a Domestic Help is supplied on production of a medical certificate. Where help is granted to an aged person, such person is kept under regular supervision if necessary.

In the course of duty, considerable help has been received from the National Assistance Board Officials in the supply of bedding, clothing, and money grants where special diet was necessary. It has always been found that these officers were anxious to help to the fullest possible extent.

During the year the close co-operation between the Geriatric Unit at Firvale Infirmary and this Department has continued to work satisfactorily. Each month a case conference is held which is attended by a representative of the Social Care Department, the Medical Officer in charge of the Unit, the Ward Sister and Health Visitors. All cases considered fit for discharge home are reviewed, and the home conditions are investigated by the Health Visitors. Where conditions are suitable, the patients are discharged to their own homes on the understanding that, should deterioration take place, immediate re-admission can be arranged. In the investigation of the homes, frequently several visits have to be paid in order to interview responsible relatives, and at times it is difficult to persuade the relatives that it is to the advantage of an old person to be discharged to his own home. In certain cases, where it has been impossible to get a relative to take responsibility for an old person, assistance has been given by a Domestic Help. The fact that the Domestic Help Service operates from the Maternity and Child Welfare Centre has been of great assistance when dealing with the requirements of old people, as to a great extent it is known before making arrangements what is available in the nature of domestic help.

In the course of work amongst the aged it is found that some old people, especially those living alone, are incapable of taking a bath. In such cases arrangements can be made through the Department for a male or female attendant to visit weekly to give assistance. When people requiring this service are mobile, arrangements can be made for a bath at the cleansing station, and during the year a few people have been transported by ambulance car for this purpose. It is not considered necessary for a trained nurse to attend these cases; the work of the attendants has been satisfactory and fills a need.

A scheme is in force whereby medical and social science students of the Sheffield University, in the course of their practical work, accompany the Health Visitors on their rounds to enable them to gain an insight into the living conditions of people in their own homes. State enrolled nurses have accompanied Health Visitors and Midwives on the district for two days each week during their period of training, in order to obtain an idea of the domiciliary side of their work, and students from the City General Hospital have also attended in small groups to see the work of the clinics.

The Health Visitors also give assistance to the School Medical Service by visiting cases of scabies and families in verminous condition, which are reported from time to time to the Medical Officer of Health.

During the year there has been co-operation with the V.D. Centre. On receipt of information from the Centre regarding defaulters, the Health Visitor calls on patients in their own homes and advises them in the hope that they can be persuaded to continue attendance at the clinics.

All applications which do not conform with the usual requirements for admission to the Department's Nurseries are submitted to the Supervisory Matron of Nurseries, and the Health Visitor provides a report on the home circumstances and the need for the admission of the children to the Nurseries.

The Health Visitors also attend the tuberculosis contacts and "follow-up" clinics at the Children's Hospital on three sessions per week. They attend one session weekly at the Children's Hospital "well-baby" clinic, and one session at the baby clinic held at the Jessop Hospital for babies of mothers delivered in the Hospital. Professor Illingworth is in charge of these clinics. Arrangements are in operation for the loan of scales in cases where a baby is in need of test feeding; the scales are transported to the mother's home by this Department, and the Health Visitor calls to instruct the mother in their use.

During 1953, Mothercraft classes were commenced at four of the Maternity and Child Welfare Centres, namely Firth Park, Manor, Chantrey and Walkley Centres, and were held on one afternoon each week. Attendances were as follows :—

Centre					Classes commenced	New Mothers	Total attendances
Manor	..	..	..	..	8-6-53	58	339
Firth Park	..	..	..	..	19-10-53	18	102
Chantrey	..	..	..	..	11-11-53	57	84
Walkley	..	..	..	..	7-12-53	7	7

The classes consisted of talks on diet, the layette, personal and oral hygiene, matters relating to the birth of the baby and preparation of the home for the confinement, breast feeding and management of the baby.

The classes have been appreciated by the mothers and preparations are being made to give two further courses, one dealing with matters relating to the child in the first year of life, and one relating to toddlers.

It is also hoped that the Mothercraft classes will be extended to other clinics in the coming year.

During the year several surveys have been carried out in respect of attendance at the clinics and in regard to handicapped mothers and children, and the Health Visitors have assisted by visiting the homes and obtaining information required. There has been considerable work in connection with the survey on handicapped mothers and children, an account on which appears on page 55 of this report.

In addition to the above services, the Health Visitors attend clinics which are held for mothers and children at the twenty Maternity and Child Welfare Centres. During the year 1953, they made an aggregate of 8,824 attendances at Infant, Ante-natal, Post-natal, and other clinics in the Maternity and Child Welfare Services, and at Nurseries.

During the year, a total of 90,377 visits was paid by Health Visitors. A summary of these visits is given in the table which follows :—

TABLE XXV.—*Summary of Visits of Health Visitors during the year 1953.*

									Number of Visits.
Infants under 1 year—First Visits	..	..	..	..	..	..	7,500		
Subsequent Visits	..	..	..	..	..	..	18,707		
									26,207
Infants between 1 and 5 years of age	..	..	..	..	..	..			48,420
Children over 5 years of age	..	..	..	..	..	..			493
Acute Rheumatism in Children	..	..	..	..	..	..			6
Whooping Cough	..	..	..	..	..	..			1,802
Scabies	..	..	..	..	..	..			25
Ophthalmia Neonatorum	..	..	..	..	..	..			15
Ex-Hospital Cases <i>re</i> After-Care	..	..	..	..	..	..			269
Expectant Mothers—First Visits	..	..	..	..	..	..	527		
Subsequent Visits	..	..	..	..	..	..	79		
									606
Post-Natal Cases..	..	..	..	..	..	..			244
Puerperal Pyrexia	..	..	..	..	..	..			257
Tuberculosis—Pulmonary	..	..	..	..	..	..	6,409		
Non-Pulmonary..	..	..	..	..	..	..	731		
									7,140
Diphtheria Immunisation Visits	..	..	..	..	..	..			725
Domestic Help Service	..	..	..	..	..	..			1,069
Old People	..	..	..	..	..	..			1,539
Visits in regard to :—									
Investigation of Infant and Maternal Deaths	..	..	..	..	..	..			7
Home Conditions	..	..	..	..	..	..			466
Handicapped Persons	..	..	..	..	..	..			207
Problem families	..	..	..	..	..	..			554
Other Reasons	..	..	..	..	..	..			326
TOTAL									90,377

Ophthalmia Neonatorum.—There were 11 notifications of Ophthalmia Neonatorum during the year 1953, and it is gratifying to report that the vision was unimpaired in all cases following the treatment given. The Health Visitors paid 15 visits to these cases.

Since 1st April, 1914, when Ophthalmia Neonatorum became compulsorily notifiable by medical practitioners, great strides have been made in the prevention and treatment of this disease. In 1914, there were 221 notifications and, of these, five babies died during the illness, and nine had damage to the eyes. During the 20 years, 1914 to 1933 inclusive, there were 3,468 notifications (an average of 173 cases per year) and 53 of these cases resulted in damage to the eyes. In the following 20 years, from 1934 to 1953 inclusive, there were 368 notified cases, an average of 18 per year, and during this period there was no damage to the eyes following treatment given in any case.

This improvement is mainly attributed to the intensive ante-natal supervision and in addition, in later years, to the use of sulphonamide and penicillin treatments.

Care of Premature Infants.—With a view to obtaining immediate information regarding premature babies born in the City, the weight of the baby at birth is reported on the notification of birth form, and the information is passed on to the Health Visitors so that special attention may be given.

In addition, where a Municipal Midwife is attending at a premature birth, she continues visiting beyond the usual period of 14 days.

When premature babies are discharged from Hospital, frequent visits are made by a Health Visitor to ensure that the child receives proper care and attention.

Information is given in the statement below regarding the 474 premature babies born in 1953 to mothers who were resident in the City.

	Born at Home.				Born in Hospital or Nursing Home.
Died in first 24 hours	5	32
Died on 2nd to 7th day	—	31
Died on 8th to 28th day	1	2
Survived 28 days	102	301
			TOTALS	<u>*108</u>	<u>366</u>

*Of the 108 babies born at home, 95 were nursed entirely at home and 13 were transferred to Hospital.

Of the 13 transferred to Hospital, one died during the first 24 hours, none died on the 2nd to 7th day, one died on the 8th to 28th day, and 11 survived 28 days.

Further information is given in the following tables with regard to the birth weights of premature babies born alive to Sheffield residents during the year 1953 and during the past eight years.

TABLE XXVI.—*Premature Babies born alive to*

Weight at Birth	Total	Survived 28 days	Died under 28 days	Result not known	% survived 28 days	Total born in Hospital or Nursing Home	Survived 28 days	Died under 28 days	Result not known
1946									
Up to 2 lb. 8 oz. ...	28	1	27	—		15	1	14	—
2 lb. 9 oz.—3 lb. 8 oz. ...	58	24	34	—		41	14	27	—
3 lb. 9 oz.—4 lb. 8 oz. ...	136	114	22	—		90	77	13	—
4 lb. 9 oz.—5 lb. 8 oz. ...	422	393	29	—		227	213	14	—
Weight not stated ...	1	—	1	—		—	—	—	—
TOTAL ...	645	532	113	—	82.5	373	305	68	—
1947									
Up to 2 lb. 8 oz. ...	31	4	27	—		26	4	22	—
2 lb. 9 oz.—3 lb. 8 oz. ...	51	12	39	—		27	9	18	—
3 lb. 9 oz.—4 lb. 8 oz. ...	131	106	25	—		88	76	12	—
4 lb. 9 oz.—5 lb. 8 oz. ...	395	372	23	—		236	223	13	—
TOTAL ...	608	494	114	—	81.2	377	312	65	—
1948									
Up to 2 lb. 8 oz. ...	25	3	22	—		21	2	19	—
2 lb. 9 oz.—3 lb. 8 oz. ...	47	20	27	—		33	16	17	—
3 lb. 9 oz.—4 lb. 8 oz. ...	111	91	20	—		77	66	11	—
4 lb. 9 oz.—5 lb. 8 oz. ...	355	332	23	—		204	189	15	—
TOTAL ...	538	446	92	—	82.9	335	273	62	—
1949									
Up to 2 lb. 8 oz. ...	39	1	38	—		32	1	31	—
2 lb. 9 oz.—3 lb. 8 oz. ...	50	18	32	—		37	13	24	—
3 lb. 9 oz.—4 lb. 8 oz. ...	102	81	21	—		70	60	10	—
4 lb. 9 oz.—5 lb. 8 oz. ...	307	288	19	—		192	175	17	—
TOTAL ...	498	388	110	—	77.9	331	249	82	—
1950									
Up to 2 lb. 8 oz. ...	29	2	27	—		26	2	24	—
2 lb. 9 oz.—3 lb. 8 oz. ...	48	25	23	—		39	20	19	—
3 lb. 9 oz.—4 lb. 8 oz. ...	114	91	23	—		81	64	17	—
4 lb. 9 oz.—5 lb. 8 oz. ...	321	302	19	—		214	203	11	—
Weight not stated ...	3	1	2	—		—	—	—	—
TOTAL ...	515	421	94	—	81.7	360	289	71	—
1951									
2 lb. 3 oz. or less ...	15	—	15	—		12	—	12	—
Over 2 lb. 3 oz.—3 lb. 4 oz. ...	31	16	15	—		24	13	11	—
Over 3 lb. 4 oz.—4 lb. 6 oz. ...	89	68	21	—		72	57	15	—
Over 4 lb. 6 oz.—4 lb. 15 oz. ...	110	93	17	—		82	69	13	—
Over 4 lb. 15 oz.—5 lb. 8 oz. ...	232	220	11	1		133	125	8	—
Weight not stated ...	1	—	1	—		—	—	—	—
TOTAL ...	478	397	80	1	83.1	323	264	59	—
1952									
2 lb. 3 oz. or less ...	14	1	13	—		13	1	12	—
Over 2 lb. 3 oz.—3 lb. 4 oz. ...	30	15	15	—		28	15	13	—
Over 3 lb. 4 oz.—4 lb. 6 oz. ...	92	75	17	—		75	59	16	—
Over 4 lb. 6 oz.—4 lb. 15 oz. ...	106	97	9	—		80	72	8	—
Over 4 lb. 15 oz.—5 lb. 8 oz. ...	227	214	12	1		165	156	8	1
Not weighed ...	3	—	3	—		—	—	—	—
TOTAL ...	472	402	69	1	85.2	361	303	57	1
1953									
3 lb. 4 oz. or less ...	49	14	35	—		42	10	32	—
Over 3 lb. 4 oz.—4 lb. 6 oz. ...	93	75	18	—		79	62	17	—
Over 4 lb. 6 oz.—4 lb. 15 oz. ...	110	101	9	—		91	83	8	—
Over 4 lb. 15 oz.—5 lb. 8 oz. ...	222	213	9	—		154	146	8	—
TOTAL ...	474	403	71	—	85.0	366	301	65	—
Total for years 1946-1953	4228	3483	743	2	82.4	2826	2296	529	1

NOTE.—Records have been kept of all cases notified from 1-1-46; as a result, the total figure
During the years 1951 and 1952, the weights at birth are shown in five groups as compared

Sheffield Residents, Years 1946-1953.

% survived 28 days	Total born at Home	Nursed entirely at Home	Survived 28 days	Died under 28 days	Result not known	% survived 28 days	Born at home and transferred to Hospital	Survived 28 days	Died under 28 days	Result not known	% survived 28 days
	13 17 46 195 1	10 14 38 180 1	— 8 31 170 —	10 6 7 10 1	— — — — —		3 3 8 15 —	— 2 6 10 —	3 1 2 5 —	— — — — —	
81.8	272	243	209	34	—	86.0	29	18	11	—	62.1
	5 24 43 159	3 19 41 149	— 3 29 143	3 16 12 6	— — — —		2 5 2 10	— — 1 6	2 5 1 4	— — — —	
82.8	231	212	175	37	—	82.5	19	7	12	—	36.8
	4 14 34 151	2 9 29 141	— 3 23 134	2 6 6 7	— — — —		2 5 5 10	1 1 2 9	1 4 3 1	— — — —	
81.5	203	181	160	21	—	88.4	22	13	9	—	59.1
	7 13 32 115	7 8 23 109	— 2 17 107	7 6 6 2	— — — —		— 5 9 6	— 3 4 6	— 2 5 —	— — — —	
75.2	167	147	126	21	—	85.7	20	13	7	—	65.0
	3 9 33 107 3	— 8 22 101 1	— 5 20 94 —	— 3 2 7 1	— — — — —		3 1 11 6 2	— — 7 5 1	3 1 4 1 1	— — — — —	
80.3	155	132	119	13	—	90.2	23	13	10	—	56.5
	3 7 17 28 99 1	2 1 11 21 91 1	— 1 8 21 90 —	2 — 3 — — 1	— — — — 1 —		1 6 6 7 8 —	— 2 3 3 5 —	1 4 3 4 3 —	— — — — — —	
81.7	155	127	120	6	1	94.5	28	13	15	—	46.4
	1 2 17 26 62 3	— 1 13 24 57 2	— — 12 24 53 —	— 1 1 — 4 2	— — — — — —		1 1 4 2 5 1	— — 4 1 5 —	1 1 — 1 — 1	— — — — — —	
83.9	111	97	89	8	—	91.8	14	10	4	—	71.4
	7 14 19 68	5 7 17 66	2 7 16 66	3 — 1 —	— — — —		2 7 2 2	2 6 2 1	— 1 — 1	— — — —	
82.2	108	95	91	4	—	95.8	13	11	2	—	84.6
81.2	1402	1234	1089	144	1	88.2	168	98	70	—	58.3

for 1946 includes nine premature babies who were born at the end of 1945.

with four in previous years. The year 1953 is again recorded in four groups.

TABLE XXVII.—*Premature Babies born alive to Sheffield Residents during the Year 1953.*

	3 lbs. 4 ozs. or less	Over 3 lbs. 4 ozs. to 4 lbs. 6 ozs.	Over 4 lbs. 6 ozs. to 4 lbs. 15 ozs.	Over 4 lbs. 15 ozs. to 5 lbs. 8 ozs.	Total
<i>Born at Home</i>	7	14	19	68	108
<i>Born in Hospital or Nursing Home</i> ...	42	79	91	154	366
<i>Grand Total—Premature Babies</i> ...	49	93	110	222	474
<i>Died in First 24 hours.</i>					
<i>Born at home</i>	3	1	1	—	5
<i>Born in hospital or Nursing home</i> ...	19	4	4	5	32
	22	5	5	5	37
<i>Died on 2nd to 7th day.</i>					
<i>Born at home</i>	—	—	—	—	—
<i>Born in hospital or nursing home</i> ...	12	12	4	3	31
	12	12	4	3	31
<i>Died on 8th to 28th day.</i>					
<i>Born at home</i>	—	—	—	1	1
<i>Born in hospital or nursing home</i> ...	1	1	—	—	2
	1	1	—	1	3
<i>Total who died during first 28 days.</i>					
<i>Born at home</i>	3	1	1	1	6
<i>Born in hospital or nursing home</i> ...	32	17	8	8	65
	35	18	9	9	71
<i>Total who survived 28 days.</i>					
<i>Born at home</i>	4	13	18	67	102
<i>Born in hospital or nursing home</i> ...	10	62	83	146	301
	14	75	101	213	403

Percentage of those born at home who died during the first 28 days 42·9% (3) 7·1% (1) 5·3% (1) 1·5% (1) 5·6% (6)

Percentage of those born in hospital or nursing home who died during the first 28 days ... 76·2% (32) 21·5% (17) 8·8% (8) 5·2% (8) 17·8% (65)

Percentage of all premature babies who died during the first 28 days 71·4% (35) 19·4% (18) 8·2% (9) 4·1% (9) 15·0% (71)

Total Live Births to Sheffield Residents Notified during 1953	Number of Premature Births	Percentage of Premature Births to Total Live Births
6,991	474	6·78%

Total Still Births to Sheffield Residents Notified during 1953	Number of Premature Births	Percentage of Total Still Births to Premature Births
178	474	37·55%

49 (0·70%) of all live births weighed 3 lbs. 4 ozs. or less.

93 (1·33%) of all live births weighed over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.

110 (1·57%) of all live births weighed over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.

222 (3·18%) of all live births weighed over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.

HOME NURSING

The arrangements of the City Council for the provision of a Home Nursing Service, as required by the National Health Service Act, 1946, continued to work satisfactorily during the year 1953.

All the voluntary associations who originally provided Home Nursing on an agency basis have now ceased to do so and the nurses previously employed by them have been transferred to the direct employment of the City Council. Thus the whole of the Home Nursing Service in the City is under the direct administration of the Council.

There are two principal Nurses' Homes—The Johnson Memorial Home and the Princess Mary Home—together with five subsidiary homes situated in the Handsworth, Manor, Woodhouse, Intake and Darnall areas. These homes cover the whole area of the City.

The two principal homes are "Key" training centres, i.e., they are recognised by the Queen's Institute of District Nursing as centres for a full course of training; Dr. W. Fielding, the Deputy Medical Officer of Health, and Miss M. A. Reeves, Superintendent of the Johnson Memorial Home, hold the Honorary post of Examiner to the Institute of District Nursing. All candidates must be State Registered Nurses; in practice some are also State Certified Midwives or hold the Health Visitors' Certificate. The training for district work is of four or six months' duration according to whether or not the candidate holds the additional Certificate of the Central Midwives Board and, if successful in passing the examination on the completion of the course, the candidate is entered upon the roll of Queen's Nurses. During the year under report, 10 candidates undertook the course of training and eight were successful. Of the other two candidates, one failed and the other had to interrupt the course owing to ill-health. It is hoped that she will be able to continue the course at a later date.

Authority has been given by the Council for the attendance at refresher courses of four Home Nurses during any one year and, in 1953, two nurses attended at the Association of Queen's Nurses Spring School. In addition, the First Assistant Superintendent at the Johnson Memorial Home attended the Standing Conference of Training Home Superintendents.

The Home Nursing Service is completely integrated into the other branches of the health services. A close liaison exists between the nurses, general practitioners, hospitals, health visitors and other services such as Care and After-Care, Home Helps, etc. The service is well known to the practitioners in the City and is very much used by them in order to assist in the nursing of patients in their own homes. Many patients are thus able to remain at home with their families who otherwise would have been admitted to hospital, or are enabled to return from hospital earlier than if there had been no district nursing service. From the outset the doctor and nurse work as a team, maintaining close contact regarding patients being nursed. Arrangements also exist whereby a patient may be attended by a nurse after discharge from hospital. The nurse is informed of the patient's needs and the necessary action is taken. However, it is felt that a great deal more could be done in this aspect of the service.

In view of the number of cases nursed and visits made per year, it was felt that a good deal of very useful information could be obtained regarding the environment of the patients and the problems involved in nursing patients at home. In addition, more detailed information of the work of the home nurses might be obtained. At the same time, it was appreciated that any method of collating and recording this information should be kept as simple as possible so that the nurses would not be overburdened with administrative data. With this in mind, a report book was devised whereby the nurse, by simply crossing out inapplicable details, could quickly

record the required information. The information so gained is then recorded by means of a code embodying the Hollerith "punch card" system. The following is a copy of the report form which is completed by the nurses :—

Date—From		To	Ref. No.....
Name		Age	
Address		Single * Married Widowed	
No. in household	Case referred by		
Doctor	(a) Disease Nursed (b) Any other disability		
Frequency of Visits	Appliances loaned		
Incontinence : (a) Urinary Yes/No * (b) Faecal Yes/No *		Hot Water Supply : Tap, downstairs * Tap, upstairs Kettle, downstairs Kettle, upstairs	
Patient nursed in bed, downstairs * Patient nursed in bed, upstairs Patient ambulant or mobile		Assistance available : Family (Husband or Wife) * Family (Children or others) Friends ; Neighbours ; None	
Nutrition : Poor * Fair Good V. Good	Bathroom : Downstairs * Upstairs None	W.C. : Internal (a) downstairs * (b) upstairs External Both	
Occupation or how supported			
Nursing Treatment			
No. of days on books		Total No. of visits made	
Result			

* Please delete where not applicable.

This method of recording commenced on 1st January, 1954, and the results are awaited with interest.

The facts which may be obtained from this system are as follows :—

1. Total number registered and by whom referred.
2. Sex and age-groups.
3. Sex and marital status.
4. Illness nursed—totals in each category.
5. How many had other disability.
6. How many "Preparations for X-rays", "Investigation Enemas", etc.
7. Frequency of visits.
8. Hot water supply—where ?
9. Where is patient nursed ?
10. How many lived alone ?
11. What assistance is available (wife, children, neighbours, etc.).
12. Standard of nutrition.
13. Location of bathroom.
14. Location of W.C.
15. Treatment for any particular illness.
16. COMPLETED CASES ONLY.
 - (a) Total number of days on register.
 - (b) Total number of visits.
 - (c) Reason for being removed from register.

Any combination of these details may be obtained ; e.g., we may establish the relationship between “ where was the patient nursed ” and “ the situation of the hot water supply ” ; the assistance available to patients living alone may be given. The position of the bathroom and W.C. in relation to where the patient is nursed can also be found.

At the end of the year 1953 there were 74 District Nurses—29 full-time and 45 part-time—employed by the Council.

The work carried out by the nurses during the year 1953 is summarised as follows :—

Number of cases on the Register at 1st January, 1953	..	..	..	1,332
Number of new cases attended by the nurses during the year	..	..		5,239
Total number of cases attended by the nurses during the year	..	..		6,571
Number of cases removed from the Register during the year	..	..		5,081
Number of cases on the Register at 31st December, 1953	..	..	..	1,490

Number of cases of notifiable and other diseases attended by the District Nurses :—

Under five years of age	..	..	..	..	..	123
Aged five to fifteen years	..	..	..	..	..	86
Aged fifteen years or over	..	..	..	..	..	6,362
						6,571

The cases attended by the nurses required the following :—

(i) General nursing	..	..	..	..	..	2,190
(ii) Administration of enemas	..	..	..	..	..	1,172
(iii) Injections	..	..	..	..	..	1,856
(iv) Dressings	..	..	..	..	..	750
(v) Bed Bathing	..	..	..	..	..	435
(vi) Miscellaneous	..	..	..	..	..	168
						6,571

Number of new cases added to the Register in the period :—

Referred by Medical Practitioners	..	..	..	..	3,967
Referred by Hospitals	..	..	..	..	780
Personal application at Nurses' Homes		..	..	..	353
Referred from Maternity and Child Welfare Centres				..	105
Personal application at Home Nursing Centre			..	..	32
Referred by Social Workers	..	..	..	..	2
					<hr/> 5,239

Classification of new cases :—

Medical	..	..	..	..	..	..	4,149
Surgical	..	..	..	..	..	..	921
Gynaecological	..	..	..	..	..	..	80
Maternity	..	..	..	..	..	..	89
							5,239

Number of cases removed from the Register in the period :—

Convalescent	..	..	..	..	..	..	2,048
Admitted to Hospital	..	..	..	..	..	..	838
Died	..	..	..	..	..	..	955
Removed for other reasons	..	..	..	..	..	..	1,240
							5,081

The nurses made an aggregate of 170,547 visits during the year. On the average, each nurse attended a total of 89 cases and carried out 2,305 visits.

DOMESTIC HELP

In response to increasing demand, the Domestic Help Service has continued to expand during 1953. The object of this service, as defined in the National Health Service Act, 1946, is to provide domestic help "for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school-age within the meaning of the Education Act, 1944." For convenience these cases have been divided in the Department's records into (a) maternity cases and (b) general cases.

The Domestic Helps are engaged and paid by the Council and are under the general supervision of the Superintendent Health Visitor. A scale of daily charges for their services has been formulated and the amount payable is assessed according to the income of the family concerned. In cases of unusual circumstances, such as long illnesses involving heavy financial commitments, full investigation is made and a report submitted to the Assessment Section of the Maternal, Infant and Nursing Welfare Sub-Committee, for consideration, so that no family need be without assistance on account of financial difficulties.

Application for the services of a Domestic Help is made to the Maternity and Child Welfare Centre, Orchard Place, and, in all cases where it is necessary and a medical certificate has been obtained, a visit is paid by a Health Visitor in order that there may be a full appreciation of the difficulties of the household.

The duties of a Domestic Help relate to the purely domestic work of the household, such as : cooking and preparation of meals, keeping the house clean, care of children, and shopping ; she does not, of course, do any nursing duties, and she provides her own food whilst at duty.

During the past year, one of the problems of the Domestic Help Service has again been the number of very dirty homes for which there has been a request for help. When such houses are discovered, every effort is made to get a relative of the occupant to undertake general cleaning before the Domestic Help takes over, but in a number of cases this is impossible and a domestic help undertakes the task. At a meeting of Domestic Helps a suggestion was made that in these particular cases two women be sent to do the initial cleaning, and as far as possible this has been done. In no case is a Domestic Help directed to such work, but on each occasion volunteers have been forthcoming. A great tribute is due to the women who undertake this type of work.

Domestic help has been provided during the year to a small number of tuberculous cases. These duties are undertaken, with the consent of the patient, by Domestic Helps on a voluntary basis, and before they are allowed to undertake such duties, the Domestic Helps are medically examined by Dr. H. M. Turner at the Chest Clinic of the Regional Hospital Board. They are instructed regarding general care and hygiene when employed in the homes of tuberculous cases, and as far as possible are only on duty in such homes for a short time, arrangements being made for alternating their duties with non-tuberculous families.

During the year 1953, domestic help was supplied to : 203 maternity cases, at which a total of 1,950 full days was worked by the Domestic Helps, and 1,273 general cases, including 13 Tuberculous cases, at which (making allowance for the fact that most of these were part-time engagements) the equivalent of a total of 26,967 full days was worked. 759 of the general cases were new applications and 514 were re-applications. A full working day consists of two periods of four hours each, and part-time engagements are arranged according to circumstances. The increase in the number of general cases is largely due to the increasing demands made by old people who would otherwise require institutional care.

VACCINATION AND IMMUNISATION

On 5th July, 1948, the Appointed Day under the National Health Service Act, 1946, the Vaccination Acts ceased to have effect and the compulsory vaccination of infants against smallpox and the functions of Public Vaccinators came to an end. Under the new Act the City Council has the duty of making arrangements with all medical practitioners to provide free vaccination against smallpox and also free immunisation against diphtheria for all Sheffield residents who desire these services. Facilities are also available for vaccination and immunisation at Maternity and Child Welfare Centres, at Nurseries and at School Clinics by the Local Authority's own medical staff. The practitioner obtains the vaccine lymph and diphtheria prophylactic from a central store which has been established at the Laboratory at the City General Hospital.

In every case in which a medical practitioner undertakes vaccination or immunisation, he is asked to complete and send to the Medical Officer of Health a record card giving all the details which are necessary to maintain accurate records and facilitate payment.

Separate Reports follow with regard to the services of Vaccination and Immunisation :—

VACCINATION.

Information is given in the statement below relating to primary vaccination and revaccination in the years 1949 to 1953, and also, for purposes of comparison, in the period from 5th July to 31st December, 1948, the preceding months of 1948, and in the full year 1947.

VACCINATION AND REVACCINATION—YEARS 1947-1953.

Year.						Aged under 1 yr.	1 and under 5 yrs.	5 yrs. and under 15 yrs.	15 yrs. and over	Total
PERSONS VACCINATED										
1947	..	..	..	..	..	3,319	1,907	20	13	5,259
1948	(1st January to 4th July)				..	569	1,632	10	3	2,214
*1948	(5th July to 31st December)				..	747	36	12	26	821
*1949	..	..	..	..	..	565	584	30	90	1,269
*1950	..	..	..	..	..	705	1,058	82	145	1,990
*1951	..	..	..	..	..	781	1,151	99	309	2,340
*1952	..	..	..	..	..	763	876	60	269	1,968
*1953	..	..	..	..	..	1,157	1,093	158	346	2,754
PERSONS REVACCINATED										
1947	..	..	..	..	..	—	—	—	—	—
1948	(1st January to 4th July)				..	—	—	—	—	—
*1948	(5th July to 31st December)				..	—	1	2	59	62
*1949	..	..	..	..	..	—	3	25	225	253
*1950	..	..	..	..	..	—	20	31	396	447
*1951	..	..	..	..	..	—	26	45	1,041	1,112
*1952	..	..	..	..	..	—	10	34	559	603
*1953	..	..	..	..	..	—	19	58	1,034	1,111

*As regards these periods the age quoted is that at 31st December. In previous periods it is the age when vaccinated.

It will be seen that following the introduction of voluntary vaccination there was a very marked decline in the number of primary vaccinations. In fact, the number of persons vaccinated during the year 1949 fell to 24 per cent. of the number for the year 1947. The position has improved during subsequent years, but the number of vaccinations during 1953 was still only 52·7 per cent. of the figure for 1947.

Infant vaccination provides young children with an immunity against smallpox, which can be expected to last at least until the age of beginning school ; it also ensures that the vaccination, performed perhaps as an emergency measure or as a routine procedure required by reason of service in the Forces or travel to a country where smallpox is prevalent, will be less likely to cause a severe local reaction resulting in temporary disability, or to be followed by encephalomyelitis, which is a rare but serious complication, especially in those vaccinated for the first time in adolescence.

The Ministry of Health Memorandum on Vaccination against Smallpox, issued in 1948, recommends the "multiple pressure technique" of introducing the vaccinia virus into the deeper layers of the epidermis. The operation is almost painless and severe local reactions are less likely than with the previous methods of linear insertion. The above technique consists of pressing the side of the needle point about 30 times into the area of skin covered by the drop of lymph.

DIPHTHERIA IMMUNISATION.

An efficient Diphtheria Immunisation Service has existed in Sheffield since 1941 and it was not greatly changed by the introduction of the National Health Service Act, 1946.

A total of 6,326 children under 15 years of age completed the course of immunisation in the year 1953, as against 6,494 in 1952. The following statement gives particulars of the number of persons who have been immunised since 1937, the first year in regard to which there are records available :—

Year.					Number of persons who completed the course.			
					Aged under 5 yrs.	5 yrs. and under 15 yrs.	15 yrs. and over.	Total.
1937-40	..	..	..	..	347	241	—	588
1941	..	..	..	..	4,335	5,530	76	9,941
1942	..	..	..	..	8,995	22,145	257	31,397
1943	..	..	..	..	6,965	14,461	626	22,052
1944	..	..	..	..	5,489	2,669	51	8,209
1945	..	..	..	..	7,213	1,881	27	9,121
1946	..	..	..	..	7,717	1,660	16	9,393
1947	..	..	..	..	8,133	1,408	39	9,580
1948	..	..	..	..	8,511	817	10	9,338
1949	..	..	..	..	7,655	1,575	49	9,279
1950	..	..	..	..	5,201	688	17	5,906
1951	..	..	..	..	5,715	607	27	6,349
1952	..	..	..	..	5,688	806	20	6,514
1953	..	..	..	..	5,151	1,175	7	6,333
TOTALS					87,115	55,663	1,222	144,000

It will be appreciated that within these age groups there is a considerable movement year by year owing to children attaining to a higher age group. After adjustment for this circumstance the records show the number of persons in the various age groups who had been immunised up to 31st December, 1953, to be as in the statement below :—

	Aged under 5 yrs.	5 yrs. and under 15 yrs.	15 yrs. and over.	Total.
Number of persons immunised as at 31st December, 1953	19,302	69,977	54,721	144,000

Importance is attached to the necessity of each child who has been immunised in infancy being given a reinforcing injection at the age of five years, or when entering school. The following statement shows the number of children in the age group of five and under 15 years who have been given these injections from the outset, in May, 1944, until 31st December, 1953 :—

Year.									Number of children given reinforcing injections.
1944 (8 months) ..	..	..	..	..	..	..	..	..	1,972
1945 .. ..	..	..	..	..	..	..	..	..	2,311
1946 .. ..	..	..	..	..	..	..	..	..	5,006
1947 .. ..	..	..	..	..	..	..	..	..	3,515
1948 .. ..	..	..	..	..	..	..	..	..	4,146
1949 .. ..	..	..	..	..	..	..	..	..	5,325
1950 .. ..	..	..	..	..	..	..	..	..	3,603
1951 .. ..	..	..	..	..	..	..	..	..	4,621
1952 .. ..	..	..	..	..	..	..	..	..	5,409
1953 .. ..	..	..	..	..	..	..	..	..	4,970

The following statement gives a classification of primary immunisations completed and reinforcing injections given in the year 1953 :—

				Primary immunisations	Reinforcing injections
At Maternity and Child Welfare Centres	..			2,471	—
By School Health Service	..	..	..	1,401	3,323
At Hospitals	..	..	..	178	—
By General Medical Practitioners	..	..	..	2,283	1,647
				<hr/>	<hr/>
TOTALS	..	..	..	6,333	4,970
				<hr/>	<hr/>

Constant efforts are made to encourage more children to be immunised and parents are made aware, by every possible means, of the importance of availing themselves of this service in order that their children may obtain immunity. 54·68 per cent. of all children under five years of age and 94·95 per cent. of all children between 5 and 15 years of age in the City had been immunised by the end of 1953, as against 55·59 per cent. and 92·95 per cent. respectively at the end of 1952. During 1953 general medical practitioners carried out 36·05 per cent. of all primary immunisations as against 30·39 per cent. in 1952, 26·30 per cent. in 1951 and 11·39 per cent. in 1947. It is very pleasing to see this volume of preventive medical work being done by general practitioners.

There were no confirmed notifications of diphtheria in the under 15 years age group in 1953, and no deaths which compares very favourably with the 875 notifications and 21 deaths in this group in the year 1939, when very few children were immunised. Thus it would seem that mass immunisation has not only protected the large numbers of children inoculated but has also had the effect of lessening the likelihood of the disease occurring amongst the relatively small number of non-immunised children now remaining.

No arrangements have so far been made for protective inoculation against any diseases other than smallpox and diphtheria, although much research is proceeding throughout the country with a view to developing an effective whooping cough prophylactic.

At the request of the Minister of Health, Sheffield, like other Local Authorities, also supervises the certificates of inoculation against certain diseases for persons travelling abroad.

AMBULANCE SERVICES

The arrangements made by the City Council in July, 1948, for the provision of ambulance facilities in accordance with the requirements of Section 27 of the National Health Service Act, 1946, have been continued, and the unified services set up under the administration of the Health Committee have been operated without any major modification. The provisions of Section 24 of the National Health Service (Amendment) Act, 1949, were applied as from 1st March, 1950. This section placed the financial responsibility for the conveyance of certain persons, discharged from hospital within three months of admission, upon the authority from whose area they originally travelled.

The administrative centre and operational depot of the Service is at the Ambulance Station in Corporation Street ; 29 ambulances and five sitting case cars are sited at this Station, and a twenty-four hour service is provided for the conveyance of non-infectious cases. Four ambulances continue to operate from the Lodge Moor Hospital Station for cases of an infectious nature.

In addition to the services instituted under the Act dealing with Sheffield cases, arrangements have been made for mutual assistance with adjoining Authorities and, at the request of the West Riding of Yorkshire and Derbyshire Authorities, ambulance cover is provided in certain parts of their areas which are adjacent to the City. The agreements made with these Authorities include both routine and emergency calls. The arrangements for transmission and servicing of accident calls have been made applicable to an area coinciding with the Sheffield Telephone Exchange area, which extends into both the West Riding of Yorkshire and Derbyshire.

Agency arrangements were made between the Council and the British Red Cross (Sheffield Division) and the St. John Ambulance Brigade (Sheffield Corps) for the provision of an ambulance for occasional long distance journeys, and these voluntary organisations have each placed one ambulance at the disposal of the Service, as and when required.

Duties Undertaken.—There has been an increase of approximately six per cent. in the number of patients carried during the year and an increase of seven per cent. in the total mileage run. There has also been a slight increase in the work done for the adjoining authorities.

In the main, the journeys undertaken have been associated with the conveyance of patients to and from Sheffield Hospitals and Treatment Centres, but, as mentioned above, the facilities provided are not limited to residents within the City, and a number of longer journeys have been made for conveying patients from Sheffield to more distant destinations.

There were altogether 226 journeys arranged for the conveyance of patients to distant destinations, resulting in 194 journeys by Ambulance or Ambulance Car and 17 journeys by Train and Ambulance. On several occasions it was possible to combine more than one destination in a single journey.

These journeys were mainly connected with the discharge of patients from Sheffield Hospitals, but 66 journeys were made to the Ministry of Pensions' Hospital and Limb Fitting Centres at Leeds, and 43 journeys to Convalescent Homes situated at Skegness, Market Bosworth, Southport and West Kirby, were also undertaken.

The destinations of the various long distance journeys made by road, with the number of visits to each shown in parentheses, were as follows :—

Alford, Lincs. (1), Barton on Humber, Lincs. (2), Bedworth, Warwickshire (1), Beeston, Notts. (1), Birmingham (2), Boston, Lincs. (6), Bradford (2), Bridlington (1), Brigg, Lincs. (1), Chester (1), Cleethorpes, Lincs. (1), Crewe (1), Derby (1), Dumfries (1), Glington, Peterborough (1), Grantham (1), Grimsby (5), Harmston, Lincs. (1), Harrogate (1), Hull (1), Ilkeston, Derbys. (1), Ilkley, Yorks. (1), Kingsbury, Warwickshire (1), Leamington Spa, Warwickshire (1), Leasowe, Cheshire (2), Leeds (66), Leicester (10), Lincoln (4), Liverpool (1), London (3), Loscoe, Derbys. (1), Loughborough (3), Mablethorpe, Lincs. (1), Manchester (2), Market Bosworth, Warwickshire (3), Newark (1), Nottingham (11), Oadby, Leicestershire (1), Oakham, Rutland (3), Ormskirk, Lancs. (1), Oxford (1), Peterborough (2), Preston (1), St. Annes, Lancs. (1), Scarborough (1), Skegness (31), Skellingthorpe, Lincs. (1), Sleaford, Lincs.

(1), Southport (5), Spilsby, Lincs. (1), Sunderland (1), Taplow, Bucks (1), Thirsk, Yorks. (1), Ulverton, Lincs. (1), West Kirby, Cheshire (4), Whitehaven, Cumberland (1), Wigan (1), Wimslow, Cheshire (1), Wokingham, Berks. (1), Wrawby, Lincs. (1), York (2).

The mileage run in performing this section of the work amounted to over 27,000 miles, and a further 5,600 miles was saved by the use of train transport.

The journeys undertaken by train were to the following destinations :—

Aylesbury (1), Boston (2), Bristol (2), Cardiff (1), Dumfries (1), Eastbourne (1), Gloucester (1), Inverness (1), London (3), Morecambe (1), Newcastle upon Tyne (1), Paignton (1), Sunderland (1).

Special arrangements are made to deal with calls of an urgent nature, and emergency ambulances conveyed 4,849 patients as a result of either accident or sudden illness. There were also 38 calls for transport to convey hospital doctors and nurses to maternity patients requiring blood transfusion or other urgent services in their homes.

Cars were made available for the use of Municipal Midwives in the night hours when ordinary transport was not available, or in other emergencies, and there were 1,162 requests for this service. In addition, a further 176 journeys were made in delivering nitrous oxide cylinders to midwives, and cots for premature babies were conveyed on 21 occasions.

SUMMARY OF PATIENTS CARRIED AND MILEAGE RUN DURING THE YEARS 1952 AND 1953.

On whose behalf.	Year 1952		Year 1953	
	Number of Patients carried.	Mileage run.	Number of Patients carried.	Mileage run.
Sheffield City Council	114,068	405,518·9	121,546	433,929·6
West Riding County Council	1,975	17,424·8	2,190	18,740·8
Derbyshire County Council	8,785	61,706·4	9,177	67,288·9
Other Authorities	246	11,747·3	264	12,204·3
TOTALS	125,074	496,397·4	133,177	532,163·6

Staff.—The provision of a twenty-four hour service necessitates all members of the operational staff working shift duties. Drivers and attendants are required to hold First Aid qualifications and the majority of them have attained medallion proficiency. It is also a condition of their service that they attend refresher courses at reasonable intervals and during the year a series of lectures in First Aid and kindred subjects has been held on the premises of the Ambulance Station.

Drivers were again entered for the National Safe Driving Competition and, of the 44 entrants, 38 drivers qualified for the following awards :—17 diplomas, 4 five year medals, 10 bars for five year medals and 7 ten year medals.

Maintenance of Vehicles.—The maintenance and repair of vehicles is carried out on the premises, and a staff of four mechanics and one apprentice is engaged on this work.

During the year, two new ambulances and one new car were received.

WELFARE SERVICES FOR BLIND AND PARTIALLY SIGHTED PERSONS

By A. J. BAKER.

The review which follows of the welfare services provided for the above disabled persons has now been adjusted so that general comment and statistical information dates to the period ended 31st December, 1953. In some cases it will be noted the details are for a 12 months' period but, in other cases, the details cover the 21 months' period from 1st April, 1952.

The Ministry of Labour and National Service has, during the period under review, issued the following circulars :—

- (a) in August, 1953, indicating a revision of capitation grants to Councils in respect of the provision of facilities for the employment of blind persons in Workshops for the Blind, and
- (b) in September, 1953, with reference to the Training and Employment of Severely Disabled Persons in Sheffield Workshops.

Another Government circular of some importance was issued by the Ministry of Health in January, 1953. It referred to the amended arrangement for enabling male registered blind persons to be exempted from Service under the National Service Act, 1948.

During the period under review, an amendment was made to the scheme for the Provision of Welfare Services for Handicapped Persons, including Blind and Partially Sighted Persons, so that the Council may "in appropriate cases provide facilities for, and assistance to, blind persons and partially sighted persons in travelling to and from their homes". Subsequently, this amendment was formally approved by the Minister of Health.

Within the welfare services, as previously approved, it was possible during the year to extend to partially sighted persons the comforts service previously operated only in respect of blind persons.

Reference was made in the last report to the formation of the Local Authorities Advisory Committee on the Conditions of Service of Blind Persons. Following the first meeting in March, 1951, further meetings were held in June, 1952, and in March and October, 1953. The recommendations of the Advisory Committee have been kept constantly under review by the Disabled Persons Welfare Sub-Committee, but no specific action has been taken.

In May, 1952, the Superintendent was elected Chairman of the North Eastern Branch of the College of Teachers of the Blind with a seat on the National Executive. He was also re-elected to the General Executive of National Association of Workshops for the Blind, Incorporated. The Northern Area Committee of the latter body held its quarterly meeting in Sheffield in November, 1952.

The Home Teaching staff has been maintained at full strength, and facilities were again given by the Committee for home teachers, by rota, to attend conferences and week-end schools arranged by the North Regional Association for the Blind.

REGISTRATION STATISTICS at 31st DECEMBER, 1953.

(It should be noted that formerly statistical information has been given to
31st March each year.)

TABLE A—Classification of Registered Blind Persons by Age Groups

					Total Register (Age at Dec. 31st, 1953)			New Cases Registered Jan. 1st, 1953 to Dec. 31st, 1953 (Age at Registration)		
					M.	F.	Total.	M.	F.	Total.
0	..	..	..	..	1	—	1	1	—	1
1	..	..	..	..	—	1	1	1	2	3
2	..	..	..	..	3	3	6	1	—	1
3	..	..	..	..	2	—	2	—	—	—
4	..	..	..	..	—	1	1	—	1	1
5—10	..	..	..	..	6	6	12	—	—	—
11—15	..	..	..	..	7	5	12	1	1	2
16—20	..	..	..	..	5	6	11	1	1	2
21—30	..	..	..	..	23	8	31	1	—	1
31—39	..	..	..	..	30	25	55	—	1	1
40—49	..	..	..	..	47	35	82	3	—	3
50—59	..	..	..	..	69	48	117	7	1	8
60—64	..	..	..	..	35	42	77	2	3	5
65—69	..	..	..	..	48	65	113	1	12	13
70 and over	..	..	..	..	154	278	432	24	58	82
Unknown	..	..	..	..	2	3	5	—	—	—
TOTALS					432	526	958	43	80	123

TABLE B—Ages at which blindness occurred

					Total Register			New Cases Registered Jan. 1st, 1953 to Dec. 31st, 1953.		
					M.	F.	Total	M.	F.	Total
0	..	..	..	..	37	46	83	2	4	6
1	..	..	..	..	9	8	17	1	—	1
2	..	..	..	..	4	2	6	—	—	—
3	..	..	..	..	3	2	5	—	—	—
4	..	..	..	..	3	3	6	—	—	—
5—10	..	..	..	..	18	23	41	1	—	1
11—15	..	..	..	..	10	13	23	1	—	1
16—20	..	..	..	..	11	11	22	—	1	1
21—30	..	..	..	..	41	19	60	1	1	2
31—39	..	..	..	..	34	34	68	—	1	1
40—49	..	..	..	..	50	36	86	5	—	5
50—59	..	..	..	..	45	52	97	7	2	9
60—64	..	..	..	..	26	36	62	1	5	6
65—69	..	..	..	..	27	52	79	3	18	21
70 and over	..	..	..	..	73	140	213	21	48	69
Unknown	..	..	..	..	41	49	90	—	—	—
TOTALS					432	526	958	43	80	123

TABLE C—Blind persons age 16 and upwards
Not living at home.

	M.	F.	Total
Residential accommodation provided under Part III of the 1948 Act, Section 21.			
(a) Homes for the Blind	13	7	20
(b) Other Homes	3	1	4
Other Residential Homes	—	5	5
Mental Hospitals.. .. .	11	13	24
Mental Deficiency Institutions	2	2	4
Chronic Wards of Hospitals	11	15	26
TOTALS	40	43	83

In addition, 3 blind persons (1 male and 2 females) under 16 were also patients in Mental Hospitals at 31st December, 1953.

TABLE D.—Blind Population Statistics.

The following table summarises the position as to the age groups of registered blind persons in Sheffield at March 31st each year during which the Department has maintained statistics since the City Council took over the service in 1927 up to 1952. The figures at December 31st, 1952 and 1953 are also shown.

Special attention is directed to the increase in the number of children who are legally blind in the groups 0—16 years :—

March 31st, 1949	15
„ 1950	19
„ 1951	23
„ 1952	26
December 31st, 1952	29
„ 1953	35

TABLE SHOWING AGE GROUPS OF BLIND PERSONS ON SHEFFIELD REGISTER

Year (at March 31st)	0-5		5-16		16-21	21-30	30-40	40-50	50-60		60-70	Over 70	TOTAL				
1929	4		31		30	41	66	81	138		142	143	676				
1930	3		29		32	43	67	85	136		149	153	697				
1931	3		33		34	42	66	88	125		164	170	725				
1932	4		29		33	48	67	85	138		178	176	758				
1933	8		26		26	57	66	94	132		183	181	773				
1934	7		23		28	51	72	92	134		196	183	786				
1935	5		28		21	51	74	88	139		193	207	806				
	0-1		1-5			21-40			50-65		65-70						
1936	—		3		28	18	123	87	230		104	211	804				
1937	—		4		26	16	116	86	233		101	222	804				
1938	—		2		28	11	113	89	241		111	226	821				
1939	—		1		29	13	113	93	256		138	228	871				
1940	—		1		29	13	105	96	259		129	223	855				
1941	—		1		28	13	105	93	255		115	240	850				
1942	—		1		26	18	103	89	245		119	257	858				
1943	—		2		22	14	105	83	230		136	309	901				
1944	—		?		20	19	108	86	218		138	332	921				
1945	—		2		20	17	103	85	219		124	349	919				
1946	—		2		18	13	109	84	207		129	360	922				
1947	—		2		13	14	103	86	208		112	383	921				
1948	—		1		14	9	106	78	213		96	385	902				
1949	—		3		12	10	100	74	216		90	401	906				
	0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over	Un- known	Total
1950	1	—	1	—	2	7	8	10	36	68	66	131	82	96	430	—	938
1951	—	—	2	2	1	9	9	12	33	59	75	126	82	104	428	5	947
1952	—	3	—	2	3	8	10	12	37	57	82	127	89	97	417	5	949
At Dec. 31st																	
1952 ...	—	3	2	—	2	11	11	11	32	55	78	130	79	96	430	5	945
1953 ...	1	1	6	2	1	12	12	11	31	55	82	117	77	113	432	5	958

TABLE E.—Distribution of Local Blind Persons.

Children, age under 16.

	M.	F.	Total	M.	F.	Total
Under 2 At home	1	1	2			
Age 2—4+ <i>Educable</i> At home	5	4	9	1	1	2
Attending Nursery School ..	—	—	—			
<i>Ineducable</i> At home	—	—	—			
				5	4	9
Age 5—15+ <i>Educable</i> :—						
Attending school	10	6	16			
Not at school	—	1	1			
<i>Ineducable</i> :—						
In Mental Hospitals	1	2	3			
In Mental Deficiency Institutions ..	—	—	—			
At home	2	1	3			
				13	10	23
				19	16	35

Education, Training and Employment.

Age periods 16 years and upwards.

<i>Educable</i> .—At school : 16—20	1	—	1	1	—	1
---	---	---	---	---	---	---

Employed.(a) *In Workshops for the Blind*.

16—20	—	—	—			
21—30	8	—	8			
31—39	7	3	10			
40—49	16	6	22			
50—59	9	4	13			
60—64	3	—	3			
65—69	1	1	2	44	14	58

(b) *As Approved Home Workers*.

40—49	2	1	3	2	1	3
---------------	---	---	---	---	---	---

(c) *All others*.

16—20	1	1	2			
21—30	5	1	6			
31—39	9	3	12			
40—49	8	1	9			
50—59	7	4	11			
60—64	3	—	3			
65—69	—	—	—			
70 and over	1	—	1	34	10	44
				80	25	105

Undergoing Training.

(a) For Sheltered Employment (16—20)	4	2	6			
(b) For Open Employment (16—20)	1	1	2			
(c) Professional or University	—	—	—	5	3	8

<i>Not Employed</i>				327	482	809
			Total	432	526	958

TABLE F.—Registration of Blindness.

During the year ended 31st December, 1953, 135 names were added to the local register of blind persons and 122 names were removed. Details are shown in the following table :—

Number of registered blind persons at 31st December, 1952 ..	945
Number registered 1st January, 1953 to 31st December, 1953	123
Removals into area	11
Re-certified	1
	<hr/> 135
	<hr/> 1,080
Deaths	104
De-certified	8
Removals out of area	10
	<hr/> 122
Number on register 31st December, 1953	<hr/> 958

TABLE G.—Register of Partially-Sighted Persons.

Age Group	0—1		2—4		5—15		16—20		21—49		50—64		65 and over		All ages		Total
Date	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	both sexes
31st March, 1951 ...	—	—	—	—	—	—	—	—	—	2	3	3	14	18	17	23	40
31st December, 1952 ...	—	1	—	—	17	12	3	1	2	7	8	5	22	52	52	78	130
31st December, 1953 ...	—	—	—	1	19	13	4	2	3	6	10	7	35	70	71	99	170

EMPLOYMENT.**(A) IN BLIND WORKSHOPS.**

The following table shows the sales and the productive wages paid to blind employees in the workshops during the last ten years :—

Year ended 31st March	Productive Wages £			Gross Sales £	Less Purchase Tax £	Total Net Sales £
1944	5,966	26,009	1,535	24,474		
1945	6,441	28,791	1,531	27,260		
1946	5,845	26,920	1,758	25,162		
1947	6,441	30,976	2,380	28,596		
1948	7,342	39,412	3,443	35,969		
1949	8,216	40,651	3,107	37,544		
1950	7,926	34,815	2,782	32,033		
1951	7,547	35,818	2,882	32,936		
1952	8,577	38,486	3,014	35,472		
1953	9,157	38,329	2,173	36,156		

The number of blind persons under training or employed in the workshops at the 31st December, 1953, is shown in the table below :—

AREA.		DEPARTMENT.									
		Administration and miscellaneous		Basket	Men's Boot		Brush	Mat		Women's Total	
Sheffield—											
Workers	..	2	—	11	9	—	12	—	10	14	58
Trainees	..	—	—	—	—	—	3	—	—	1	4
Rotherham—											
Workers	..	—	—	2	—	—	4	—	1	2	9
Trainees	..	—	—	—	—	—	—	—	—	—	—
West Riding of Yorkshire—											
Workers	..	—	—	2	—	—	2	—	—	—	4
Trainees	..	—	—	—	—	—	—	—	—	—	—
Derbyshire—											
Workers	..	1	—	2	—	—	—	—	—	1	4
Trainees	..	—	—	—	—	—	—	—	—	—	—
TOTALS	..	3	—	17	9	—	18	3	11	17	79

TOTALS—Workers 75. Trainees 4. Total 79.

During the period from 1st April, 1952, there has again been some unemployment.

The following table summarises this position in the period since the War to 31st March, 1954. It will be noted that the problem has lessened latterly. It has, however, been necessary for the employment position to be kept constantly under review.

PERIOD		WORKERS' DAYS LOST BY REASON OF UNEMPLOYMENT.					
		Brush	Basket	Mat	Boot	Women's	Total
6 months ended :							
31st March, 1950	..	50	—	60	—	—	110
30th September, 1950	..	40	—	150	—	—	190
31st March, 1951	..	—	—	5	—	—	5
30th September, 1951	..	—	—	257	—	—	257
31st March, 1952	..	—	—	—	—	245	245
28th September, 1952	..	—	117	—	—	355	472
29th March, 1953	..	—	462	—	100	75	637
27th September, 1953	..	25	115	—	116	—	256
28th March, 1954	..	50	—	—	20	—	70
TOTALS	..	165	694	472	236	675	2,242

(It should be noted that unemployment in the Women's Department affected married women only).

To assist the sales in Basket goods, which were very difficult at one period, a spray plant was installed, and it is now possible for all basketware to be colour sprayed as required.

In 1952, and again in 1953, the Norton Agricultural Show and Ploughing Association offered free space for a stand for the sale of goods at the Association's Annual Show. In 1953, supplies of raw African piassava were very difficult, but fortunately this caused no unemployment.

Once again there were many visitors to see the work of the Department. These included :—

Miss D. A. Myine, The Blind School, Rangoon.

Mr. K. M. Hutton, Birmingham Welfare Department.

Mr. K. N. Ghoshal, Principal, Dadar School for the Blind, India.

The Special Schools Association (Sheffield and District Branch).

Sheffield and District Disablement Advisory Committee.

Mr. John Knox, The Blind School, Trinidad.

There were also visits to the workshops by parties from numerous local organisations, and the Superintendent gave an account of the work of the Department at meetings of a number of local bodies.

The evening woodwork class for men, which was first started in the winter 1950–51 by arrangement with the Education Department, was successfully continued during the winters 1952–53 and 1953–54.

The welfare of the workers was also constantly under review and a number of alterations were made in the Fire Alarm system as suggested by the Chief Fire Officer.

The canteen charges were revised upward during the period under review.

The revised scheme of payments to blind workshop employees, which was operated from Monday, 29th October, 1951 (payments being back-dated to Monday, 28th August, 1951), has been amended as necessary.

At 31st December, 1953, the scheme was as follows :—

- (1) That the standard payment rate for blind male workshop employees be £6 10s. 0d. and that the rate for females be 75 per cent. of this rate, viz. :—£4 17s. 6d. per week ; these rates to be used for sickness and holiday payments.
- (2) That the standard 5 day working week be—males 40 hours and females 35 hours.
- (3) That with regard to the qualifying earnings figures which are based on the appropriate piece-work-basis time rates for each trade, it will be appreciated these are subject to revision from time to time as required.
- (4) That there be a standard Augmentation rate for each group of workers provided the workers reach the qualifying earnings figure as set out in the following scale :—

	Qualifying Earnings			Augmentation			Total Payments		
	£	s.	d.	£	s.	d.	£	s.	d.
MALES									
Brush pan hands	2	8	4	4	1	8	6	10	0
Brush drawn hands	1	18	0	4	12	0	6	10	0
Basket Department	2	1	10	4	8	2	6	10	0
Mat Department	2	11	0	3	19	0	6	10	0
Boot Department	2	3	4	4	6	8	6	10	0
FEMALES									
Caning and Seagrass Seating workers	1	3	11	3	13	7	4	17	6
Flat machine	1	7	0	3	10	6	4	17	6
Round machine (also weaving, netting and light basket work)	0	16	0	4	1	6	4	17	6

Those who receive the above payments will be regarded as qualified workers.

- (5) That workers' earnings be reviewed at six-monthly intervals ; special reports to be presented in respect of those operatives who do not qualify in accordance with the foregoing scheme. The Disabled Persons Welfare Sub-Committee can deal with these cases on their merits.

(B) IN APPROVED HOME WORKERS SCHEMES.

At 31st December, 1953, there were three approved home workers and these were employed as under :—

Music Teacher	1
Piano Tuners	2
	—
	3
	==

(C) IN OPEN INDUSTRY AND ELSEWHERE.

At 31st December, 1953, 47 blind people were employed outside the local blind workshops. The following table shows the distribution of all employed blind persons from 1936 :—

Year at					(a)	(b)	(c)	Total
March 31st					Blind Workshops	Home Workers	Employed elsewhere	
1936	..	..	..	..	92	2	22	116
1937	..	..	..	..	84	2	17	103
1938	..	..	..	..	78	4	22	104
1939	..	..	..	..	79	4	20	103
1940	..	..	..	..	76	5	17	98
1941	..	..	..	..	77	6	15	98
1942	..	..	..	..	79	5	17	101
1943	..	..	..	..	73	5	34	112
1944	..	..	..	..	77	5	33	115
1945	..	..	..	..	75	5	34	114
1946	..	..	..	..	80	6	35	121
1947	..	..	..	..	77	6	43	126
1948	..	..	..	..	80	6	40	126
1949	..	..	..	..	76	5	39	120
1950	..	..	..	..	66	3	46	115
1951	..	..	..	..	64	3	47	114
Year at								
December 31st								
1952	..	..	..	..	60	3	51	114
1953	..	..	..	..	58	3	44	105

OTHER BLIND WELFARE SERVICES.

(The details given are for the 21 months ended 31st December, 1953).

VISITATION AND LESSONS.

The following table gives details of the visits paid and lessons given by the home teaching staff of the Department during the period :—

	BLIND PERSONS		PARTIALLY SIGHTED PERSONS	
	April 1st to Dec. 31st, 1952	Jan. 1st to Dec. 31st, 1953	April 1st to Dec. 31st, 1952	Jan. 1st to Dec. 31st, 1953
Visits paid for special reasons	806	1,117	85	127
Visits of routine character ..	2,746	3,805	162	258
Individual lessons given ..	841	811	21	20
Social services rendered ..	257	295	8	16
TOTALS ..	<u>4,650</u>	<u>6,028</u>	<u>276</u>	<u>421</u>

In addition to the above, 82 visits were paid to hospitals where 1,266 blind persons were seen in the 21 months period ended 31st December, 1953.

EMBOSSSED LITERATURE.

The Committee has continued its grant to the National Library for the Blind. This service continues to be very popular.

Details of book issues :—

	April 1st, 1952 to March 31st, 1953	April 1st, 1953 to March 31st, 1954
Volumes issued direct by the National Library	6,252	5,633
Volumes issued from Sharrow	744	526
TOTALS ..	<u>6,996</u>	<u>6,159</u>

HANDICRAFT CLASSES.

These were continued as in previous years. Classes were held every week—on Wednesday morning for men and Wednesday afternoon for women. There were 85 classes in the period of review, the average attendances for men being 29·0 and for women 25·5.

The special fortnightly classes for the deaf-blind were again very much appreciated, transport arrangements being made to convey the members to and from the workshops by car. There were 41 classes, and the average attendance was 15.

The Saturday morning Woodwork Handicraft Class, under Mr. A. L. Robinson, was also continued. It was very much appreciated and many excellent products were made.

DISTRICT SOCIAL CENTRES.

(a) *Broomhill.*

The first centre, which was opened in April, 1949, continued to make very satisfactory progress during the period. 38 fortnightly meetings were held and the average attendance was 15. The meetings, which were originally held at Glossop Road Baptist Church, were transferred in September, 1952, to the Broomhill Welfare Centre, Taptonville Road.

(b) *Firth Park.*

The second centre was opened in January, 1952, at the Firth Park Welfare Centre. 40 fortnightly meetings were held and there was an average attendance of 28.

WIRELESS SETS.

The Department has employed a full-time wireless mechanic since February, 1947, to service the sets received from the British Wireless for the Blind Fund. 379 of these sets were in service at the 31st December, 1953. Maintenance was also carried out on 133 privately-owned sets of other blind people. In the majority of cases no charge is made, but each case is assessed

individually according to an approved scale ; those in full-time employment pay full cost. During the period under review, 151 sets were returned to the Department owing to deaths or receiver defects. 77 new sets were received from the B.W.B. Fund during the same period.

A summary of the work undertaken is given below :—

	April 1st, 1952 to March 31st, 1953	April 1st, 1953 to December 31st, 1953
Service visits paid	578	461
Repairs carried out at the Workshops ..	115	81
Sets issued to blind persons for first time ..	60	45
Sets issued for replacement purposes ..	32	32

BATH TICKETS.

The Disabled Persons Welfare Sub-Committee and the Cleansing and Baths Sub-Committee jointly continued to meet the cost to enable blind people to have free baths.

FREE PASSES FOR TRAMS AND BUSES.

At mid-December, 1953, 825 free passes were on issue to blind persons, entitling them to travel without charge on tram cars and certain motor bus routes. This service is particularly appreciated by the blind themselves and by the Department, and thanks are due to the inspectors, drivers and conductors of the Transport Department for the unfailing help given to the blind holders.

PROVISION OF ENTERTAINMENT.

As in previous years, concerts were held monthly in the hall at Sharrow Lane, and thanks and appreciation were tendered to the following who arranged concerts :—

Balfour's Orchestra.
 Beauchief Singers (Miss E. Mann) (twice).
 Mr. H. Carnall and his Junior Choir.
 The Firth Park Junior Orchestra.
 Mr. C. J. Fowkes and Party (twice).
 Happy Gang Concert Party.
 Joysters Concert Party (twice).
 Laughtermakers' Concert Party.
 Sheffield Grand Opera Company.
 Southey Methodist Church Choir (twice).
 Totley Operatic and Dramatic Society (Mr. S. G. Robinson).
 The Versatilians (Mr. C. Cooper) (twice).
 The Wath Harmonica Revellers.
 The Yorkshire Strollers (Miss Yvonne Gordon).

In addition to the above, a special concert was given by Blind Artists on the occasion of the Silver Jubilee of the Department in September, 1952. The Firth Park Junior Orchestra also gave a concert at the Firth Park District Social Centre.

Complimentary tickets, from societies holding concerts, etc., were also received on many occasions, for distribution to blind people. The Sheffield Wednesday Football Club once again kindly allotted six free stand tickets for the use of blind people during the seasons 1952-53 and 1953-54 for all first and reserve team matches at Hillsborough. Sheffield United Football Club also kindly allocated six free stand tickets for use at Bramall Lane during the above seasons. Mr. A. Stewart, Publicity Manager of *The Sheffield Telegraph & Star*, Ltd., kindly arranged a rota of voluntary commentators who attended the games and gave summaries of the matches to the blind men attending.

RECREATION CLUB.

The Chess Club had a good season and both teams were well placed in their leagues.

SHEFFIELD JOINT BLIND WELFARE COMMITTEE.

The above Committee, which was formed in January, 1948, co-ordinating the welfare work now being done by the Royal Sheffield Institute for the Blind and this Department, continued its activities. The regular features which had proved popular in the past were continued.

WELFARE SERVICES FOR HANDICAPPED PERSONS OTHER THAN THE BLIND OR PARTIALLY SIGHTED

NATIONAL ASSISTANCE ACT, 1948.

(Sections 29 and 30)

By JEAN B. PARKER, M.B., Ch.B.,
(Senior Assistant Medical Officer, Care and After-Care).

A great deal of careful consideration continues to be given to the provision of welfare services for (a) deaf or dumb persons including the hard of hearing and (b) persons substantially and permanently handicapped by illness, injury or congenital deformity, as outlined in the Ministry of Health Circular 32/51.

The obligations of the local authority under the scheme are as follows :—

- (a) Compiling and maintaining registers of handicapped persons ;
- (b) Provision of information regarding services available for handicapped persons ;
- (c) Provision of instruction in their own homes or elsewhere in methods of overcoming their disabilities ;
- (d) Provision of work or facilities for work and the disposal of the produce of their work ;
- (e) Provision of recreational facilities.

A register of handicapped persons has been opened and cases are being referred from a variety of sources, e.g., National Assistance Board, Care and After-Care Service, Almoners, Ministry of Labour, personal application, etc. Health Visitors call on the patients in order to explain the scheme to them and report regarding any special requirements, the degree of disability, home conditions, etc. It should be appreciated that the assistance required by handicapped persons varies widely and depends upon the individual, the nature of the disability and the extent of adjustment to it. Although the information gained as a result of these visits suggests that the principal need is for some means of occupying the patients' time, the problem is seldom a simple one of finding work or recreation, e.g., the disabled man who is lonely with nothing to do is usually short of money and without family or friends to assist him. He will probably need, apart from occupation, assistance in looking after his house, social contacts and recreational facilities such as could be provided at a handicapped persons club, and the continued friendly supervision of the Health Visitor so that his various needs could, from time to time, be brought to the notice of the proper authority.

The services under these schemes are complementary to all the other welfare services. However, there are many agencies dealing with the various needs of the disabled and it is essential that their efforts be properly co-ordinated so as to avoid overlapping and the consequent frustration and excessive expenditure. It is felt that the local authority, by virtue of its very wide powers with regard to the prevention of illness, the care of the sick and disabled in their own homes and the provision of general welfare services including sheltered and home employment or occupation, is best qualified to undertake this responsibility. In addition, the local authority has a first-class knowledge of the local hospital and medical services, trade conditions, geography, public services (e.g. transport), voluntary organisations, etc. So far as the local authority itself is concerned, there must be the closest co-operation between the committees and officers responsible for welfare services under Section 29 of the National Assistance Act, 1948, and those responsible for local health services under Part III of the National Health Service Act, 1946, so that the needs of handicapped persons are envisaged and dealt with as a whole.

Welfare work, varying in scope and resources, has been carried out for many years by a number of voluntary associations in the City. The experience of those associations is of great value, and arrangements are being made to effect a liaison with those organisations dealing with the welfare of handicapped persons of all classes, and to co-ordinate and direct their efforts in close co-operation with the Council's Health and Welfare Departments. Many voluntary and charitable bodies have been contacted and discussions have taken place with representatives of these bodies with a view to finding out how each one may be most useful in implementing the facilities under these schemes, and co-ordinating their proposed efforts in close co-operation with

Age-Groups (General Classes).

	0—5 years	6—15 years	16—20 years	21—30 years	31—40 years	41—50 years	51—60 years	61—70 years	71—80 years	81+ years	Total
Males	6	8	27	33	53	50	44	22	2	—	245
Females	13	14	22	37	47	54	23	10	3	—	223
TOTALS	19	22	49	70	100	104	67	32	5	—	468

(b) Register of Handicapped Persons (Deaf).

The Sheffield Association in Aid of the Adult Deaf and Dumb have kindly consented to give particulars of persons notified to them and arrangements have been made for the required information to be entered in the Local Authority's Register of Deaf Persons. At 31st December, 1953, there were 327 persons—176 males and 151 females—on this Register. The following are details regarding these deaf people :—

Degree and cause of disability and classification of speech.

(i) Degree of Deafness :	(a) Total	275
	(b) Severe	46
	(c) Slight	6
(ii) Cause of Deafness :	(a) Congenital	191
	(b) Acquired	136
(iii) Classification of Speech :	(a) Normal speech	41
	(b) Indistinct but intelligible	135
	(c) Unintelligible	151

Age-Groups (Deaf).

	0—5 years	6—15 years	16—20 years	21—30 years	31—40 years	41—50 years	51—60 years	61—70 years	71—80 years	81+ years	Total
Males	3	—	12	29	38	36	35	13	9	1	176
Females	—	—	12	36	29	24	19	22	8	1	151
TOTALS	3	—	24	65	67	60	54	35	17	2	327

(c) Register of Handicapped Persons (Hard of Hearing).

At the end of the year there were 75 persons—36 males and 39 females—on the Register of the Hard of Hearing. Particulars regarding these people are as follows :—

Degree and cause of disability and classification of speech.

(i) Degree of Deafness :	(a) Total	22
	(b) Severe	42
	(c) Moderate	4
	(d) Slight	7
(ii) Cause of Deafness :	(a) Congenital	4
	(b) Acquired	71
(iii) Classification of Speech :	(a) Normal speech	73
	(b) Indistinct but intelligible	1
	(c) Unintelligible	1

Age-Groups (Hard of Hearing).

	0—5 years	6—15 years	16—20 years	21—30 years	31—40 years	41—50 years	51—60 years	61—70 years	71—80 years	81+ years	Total
Males	—	—	2	8	7	4	4	6	3	2	36
Females	—	—	1	3	3	1	6	8	13	4	39
TOTALS	—	—	3	11	10	5	10	14	16	6	75

The Act does not define the term "deaf or dumb", but it is stated in the Circular that the persons to whom the scheme applies can conveniently be divided into two groups :—

- (a) *The Deaf*—often described as the "deaf and dumb". This class includes persons who were born deaf and also persons who lost their hearing so early in life that they have little or no recollection of sound and have had to be educated in the same way as those who were born deaf. Few succeed in acquiring the use of normal speech. The great majority use only manual sign language or a combination of signs and restricted speech, in which the power of self-expression is limited and in any case varies considerably with the individual. Many are unable to read fluently and can do no more than gather the general substance of simple printed matter.
- (b) *The Hard of Hearing*—are those who have lost their hearing wholly or in part after acquiring ordinary speech and after being educated as hearing persons.

It will be seen that certain **totally** deaf persons who have speech will be placed on the Register of the Hard of Hearing and not on the Register of the Deaf. It is very important that these people should maintain their links with the normal hearing world.

Information Services.—The compiling of the registers is bound to be a slow process and people will not register unless there is an obvious benefit accruing. Therefore, steps are being taken to make handicapped persons aware of the welfare services provided for them and to suggest to them the desirability of taking advantage of those services. For this purpose, information bureaux will be located in the Public Health Department (Care and After-Care Service); the food shops situated in the Orchard Place, Firth Park and Manor Maternity and Child Welfare Centres; the Civic Information Bureau and the Welfare of the Blind Workshops and Salesshop. Persons whose vocations bring them into contact with disabled persons, such as hospital almoners and officers of the National Assistance Board, the Ministry of Labour and the Ministry of Pensions, have been asked to assist in this direction, and information is being received regarding patients wishing to take advantage of the facilities either available at the present time or to be provided in the future. Arrangements will also be made for the production of pamphlets giving information regarding the services available to the various groups of handicapped persons.

Welfare Officers.—The general routine work is being undertaken by the Health Visitors. They are visiting the handicapped persons, calling in the specialised workers, such as the psychiatric social worker, where necessary. The Health Visitor is concerned with the welfare not only of the patient but of the whole family unit, and she should be regarded as the basic worker dealing with the social problems of the family, calling in other specialist visitors only where the more specialised problems have to be overcome.

The general day to day problems of the family are, where necessary, reported to the Care and After-Care Service, which acts as the focal point for advice and assistance and as contact with the other social services. Thus overlapping and the subsequent wasted time is avoided, and the co-ordination of the various services effected.

Aged Persons.—Any consideration of the disabled automatically brings in the aged. However, it should be appreciated that, apart from financial assistance (e.g. retirement pensions, National Assistance, etc.), the law makes little provision for age. On the other hand, the law makes good and improving provision for the disabilities of old age, but the emphasis is on the disability—the fact that age is associated with the disability is of no consequence to the law. It therefore appears that, instead of trying to deal with the care of a nebulous group such as the "Aged", we should try to make better provision for the various types of disabilities and sickness which, although frequently found in the aged, are not peculiar to old people. In particular, every effort should be made to prevent these illnesses, and to mitigate their effects if they appear, especially in the young where the beginnings of some of the disabilities are manifest. This is particularly true of such illnesses and disabilities as mental ill-health and deterioration, "rheumatism", etc. The aged would naturally benefit from any improvements obtained, and it might be possible to prevent some of the disabilities occurring.

Various voluntary and charitable bodies have been asked to give information regarding old people who are in difficulties because of the frailties of old age. The response to this request has been very enthusiastic and the Health Visitors have carried out 1,539 visits to old people during the year under report.

Convalescence facilities which are provided under Section 28 of the National Health Service Act, 1946 (see page 106), can be of particular value in assisting the recovery of the aged sick and can also be of assistance in preventing illness where the old person is "run down", needs regular meals, relief of loneliness and a change of surroundings.

Social Centres.—An important feature of these welfare schemes is the establishment of social clubs for the handicapped. These are of great value in providing contacts among both handicapped and normal persons, widening their interests and bringing the disabled to be more active members of the community. Many handicapped persons find it difficult to emerge from home isolation, either by virtue of immobility or sensitivity in facing new people and surroundings. The first step towards the rehabilitation of this type is a social club where confidence can be gained or regained to overcome disability. Such a club for the aged and disabled persons is established at the Firth Park Maternity and Child Welfare Centre. This club opens once per week and is administered in conjunction with the Sheffield Council of Social Service, and members of the Shiregreen and District Community Association are acting as voluntary workers in the club. This venture is proving particularly successful. The members of the club are encouraged to take an active part in its management and a committee has been elected from the members to deal with internal and local affairs. There is a capacity membership of 160 and the voluntary workers report any problems that the members may have direct to the Care and After-Care Service. The average weekly attendance at the club is 120. Dr. Parker and the Superintendent of the Welfare Centre make frequent visits to the club in order to discuss the general problems of the members. These visits have been greatly appreciated and much valuable information regarding the needs of the members has been obtained.

There are facilities for games, concerts and handicrafts at the club, and refreshments are provided by the Community Association at a charge of 5d. per person. Outings to the sea and countryside, visits to the theatre, and special parties and entertainments to celebrate such occasions as golden weddings and at Christmas have been arranged.

A sick visiting scheme has been established whereby any member of the club who is absent by reason of illness for two or more weeks receives a visit from a fellow member, who takes flowers or other suitable gift. These are purchased out of a sick fund to which each member of the club contributes 1d. per week. There is a panel of 40 volunteers who undertake this work. The friendly visits continue throughout the period of sickness and are greatly appreciated.

Facilities are provided for handicrafts at the club and sales of work are arranged. The profits of the sales are "farmed back" into the club funds enabling considerable help to be given to the members towards defraying expenses in connection with outings, theatre parties, etc., and the replacement of materials.

A chiropodist makes fortnightly attendances at the club at a charge of 1/- per patient per half hour session. A rota has been formed and the members are able to have treatment once every six weeks.

The club at Firth Park has shown that once the initial difficulties of transport or anxiety are overcome, attendance is regular and the desire to be one of the community is sharpened. It is hoped to start similar clubs at other centres in the City.

Religious Services and Entertainments.—There is already ample evidence of the readiness of the churches, managements of cinemas, football clubs and other places of public entertainment to make arrangements for the admission of people who have to use wheel-chairs, and it is not anticipated that much difficulty will be experienced in this direction by the handicapped in the City.

Wireless and Library Service.—The facilities of wireless service and maintenance now provided for the blind will be extended to include necessitous handicapped persons. Where necessary, arrangements may be made for the provision of library facilities to handicapped persons in their own homes through the Council's Library Services, in accordance with the following :—

- (a) The patients must be those who are incapable of going to a library themselves, or are likely to be incapable of so doing for a period of not less than three months, and who have no relatives or friends who could borrow books for them in the normal way. No patient will be admitted into the scheme except on the certification of a doctor, health visitor or other persons approved by the Medical Officer of Health.

- (b) The persons who undertake the service will be registered members of a responsible voluntary organisation approved by the Medical Officer of Health, and will carry an authority which will be recognised at any library from which they operate.
- (c) Each patient will have the normal borrowing facilities (i.e. three books) but in special circumstances extensions of this will be allowed.
- (d) No fines will be charged, but the visitor will be asked to ensure that books are returned within a reasonable time.
- (e) Borrowers will register normally and the method of issuing in the libraries will be in accordance with accepted practice.
- (f) Each library will keep a special record of issues to each reader as an aid to selection of books.

Arrangements have been made for the collection and distribution of used magazines to housefast and bedfast persons. This is only on a small scale at the present time, but it is intended that it should be expanded in the future.

Transport Facilities.—In appropriate cases, transport facilities will be made available to handicapped persons in travelling to and from their homes, in accordance with the following :—

- (a) Eligibility to receive free transport facilities are dependent upon a handicapped person being duly registered in accordance with the City Council's approved welfare schemes and the person's available income being not in excess of the scale of the National Assistance Board. This income limit may be waived where special circumstances merit the granting of travel aid.
- (b) The free transport facilities will be provided to and from home in attending :—
 - (i) Classes and services provided directly by the Council.
 - (ii) Approved classes and services provided by voluntary organisations, and
 - (iii) Other approved activities.

Housing.—Special attention is given to the housing difficulties of handicapped persons, but the number of disabled persons in the City who require special housing is difficult to assess. This is chiefly because an accurate assessment of the disabled has never been made, but it is hoped that the Register will eventually rectify this situation.

The general hospitals and Ministry of Pensions have been approached for information regarding the number of cases requiring special housing, but they say that this problem has never been assessed so far as numbers are concerned.

Certain handicapped persons have been rehoused into prefabricated bungalows but this is not always a happy solution. The doorways inside "prefabs" are very narrow and may prevent the access of a wheel chair. Thus the movements of the patient within the dwelling are restricted and this can cause hardship. In some cases the difficulty can be overcome by widening the doorways, but in certain "prefabs" the structure, electrical wiring and other fittings make this impracticable. The ideal, of course, is the provision of specially constructed dwellings with suitable appliances so as to allow the patient the maximum degree of independence. Any scheme in Sheffield for the provision of special houses for handicapped persons must take into consideration the hilly nature of the City. The houses should be sited in the more level areas so that the patient may be taken out in a wheel-chair or, if ambulant, take a short walk without undue strain.

It is thought that a fair estimate for the housing of disabled persons would be in the region of 50 dwellings.

These welfare services provide for assistance to handicapped persons in arranging for the carrying out of any works of adaptation in their homes or the provision of additional facilities, designed to secure the greater comfort or convenience of the patients. An example of this is the widening of a driveway to allow easy access of a motor-chair. Provision of ramps, handrails, etc., may also be undertaken. During the year 1953, assistance was given to two patients. In both cases, the driveway to the house was widened and a concrete base for a garage to house a motor-chair was provided.

The patient is expected to contribute towards the cost of these alterations and adaptations and there is a scale of charges according to the income of the person concerned.

Holiday Facilities.—The Council have decided that financial assistance in respect of holidays for handicapped persons should be a maximum of 30/- per period towards maintenance expenses plus a maximum of 30/- towards the cost of travelling expenses. This assistance is limited to those not working and in receipt of National Assistance Benefit, Widows' Pension, Retirement Pension or other similar benefit.

Handicapped persons are often unable or unwilling to take a holiday in the normal way and, in many cases, arrangements would have to be made for such persons to be accommodated at holiday homes which cater for the disabled. A specially adapted holiday home run directly by the Council would be a boon to many of the handicapped, and it is possible that there are other services which could make use of such a home. For example, in addition to ordinary holidays for the handicapped, the home could be used by patients being provided with convalescence facilities by the Care and After-Care Service (177 persons were sent to convalescent homes during 1953).

Employment or Occupation.—As previously mentioned, information gained as a result of the reports of the Health Visitors suggests that the principal need of many handicapped persons is for some means of occupying their time and special consideration is being given to this matter. Enforced idleness is most discouraging and degenerating. To work, particularly to earn, places the individual well on the road to regaining his self-respect and becoming an effective member of the community and, if this can be done, we have gone a long way in assisting him to overcome his disability.

The provision of employment or occupation under the scheme can be classified as follows :—

- (a) Sheltered workshop employment, such as is available to the blind.
- (b) Home employment, if a reasonable sum can be earned.
- (c) Handicrafts and other skilled activities either at home or at a centre.

An assessment of earning power will be required for categories (a) and (b). Those engaged in handicrafts, etc., will be allowed to retain profits made from the sale of their works, after deduction for cost of materials, etc. (see page 100). Where a handicapped person shows special aptitude, the aim will be to bring him to the standard required for employment in a sheltered workshop, or at home, or on an industrial basis.

Many handicapped persons, particularly those suffering from congenital defects or those incapacitated early in life, are quite untrained, and a similar handicap is laid upon the skilled worker who, through accident or sickness, finds his previous mode of livelihood closed to him. Furthermore, their handicaps may be of such a nature as to preclude them from assistance under the Disabled Persons (Employment) Act, 1944, or the facilities provided by Remploy, Ltd., and they have little hope of gaining employment through the usual channels. In addition, there are certain handicapped children who have had little or no education but who have a certain amount of ability. Every effort must be made to assess and make use of their abilities. Here again, there is little prospect of employment through the usual agencies.

An appointment, which was regarded as of great importance, was that of a "Co-ordinating Officer", who would have a knowledge of trade conditions, market conditions, sources of raw materials, etc., and who would advise regarding the proper types of articles to be made, arrange markets and sales, co-operate with the Ministry of Labour officers, and carry out many other duties. Such an appointment has been made and the officer concerned has been engaged to work in close co-operation with Dr. Parker, in investigating the different aspects of this service.

In view of the need for training the applicants and the diversity of their handicaps, the special skill of experienced occupational therapists is urgently required to begin the work of rehabilitation. Close co-operation between the Medical Officer, the Co-ordinating Officer and the occupational therapist, both at the initial assessment of the patient's capabilities and during the period of training and supervision, would ensure for the trainee the benefits that the scheme anticipates. Training may also be required for the aged person whose physical condition makes him unable to carry on heavy employment, but who is quite well able to perform a lighter task after a little tuition.

In addition to the work already mentioned, occupational therapists would be most valuable in dealing with special problems involved in the employment and occupation of mental defectives. It can be envisaged that, with the expert help of the occupational therapists, defectives could be

should be resettlement in open industry. The purpose of a disabled man's entry into sheltered employment should be made clear at the outset, and if he is suitable for training he should be kept aware that, once he is considered fit for competitive employment and a suitable place is found for him, he would be expected to go out into open industry under working conditions suitable for his particular disability. In this way, vacancies in the sheltered workshops could be found for the more severely disabled persons. In addition, training is often too generalised and not near enough to outside labour conditions. There should be a variety of occupations, capable of being "broken down", and the work should simulate outside employment, including hazard and muscular effort.

Many mental patients are harmless and easily employable. More could be given productive work and developments on these lines are envisaged from the new Occupation Centre.

There is a lack of facilities for the rehabilitation, training and resettlement of women. This should receive urgent attention, not only with a view to resettlement in industry but also with regard to the housewife returning to her own home. Far too many are allowed to return to sit by their firesides, depending upon husbands and daughters to carry on the normal working of the household.

There are many useful "gadgets" available to assist the disabled to overcome their handicaps, particularly in regard to the disabled housewife, and details of all such appliances are being kept so that handicapped persons may be advised as to their existence and usefulness and, if necessary, assisted with regard to obtaining any required apparatus.

Home Employment.—From the reports already coming in, there is evidence that there is a need for a scheme to provide work for homebound persons, not merely pastime work but employment of such a nature as would enable the handicapped person to feel himself an effective member of the community. The provision of such facilities is being considered.

The capacity of homebound handicapped persons for carrying out work at home will vary widely and it will, of course, be necessary to ascertain that, before admission to such a scheme, the patient is able to pass a test of minimum earning power so that the scheme may be placed and kept on an industrial plane.

The individual desires of the disabled must also have attention. Some would prefer, say for financial reasons, to work on some component or stage in the factoring of articles, passing the work on to the next stage of manufacture, while others would gain the utmost satisfaction from the completion of a piece of work, having had the work in hand from the beginning of the process or manufacture, though the financial gain be less. This will, of course, depend largely upon the disabled person's domestic responsibilities and financial status.

Handicrafts, Crafts and other Skilled Activities.—There are many handicapped persons who are incapable of training for employment of an industrial character. It is, therefore, important that provision be made for some form of occupation for these persons. During the year, three homebound men have been assisted with handicrafts in their own homes. Two of the men are making leather purses and the other is doing marquetry. Their standard of work is varied but their progress is being watched with interest. It is hoped that, with the employment of an Occupational Therapist, more will be done in this field.

The provision of materials and equipment forms part of this service, either free of charge or, where the handicapped person's resources are sufficient or are increased by the sale of his products, at not more than cost price.

A comparatively small number of disabled persons will rise to a high level of skill in this field. Many will only be able, because of their disability or lack of training, to do purely pastime work which will not command any sale or even admiration. However, it is good for a person's physical well-being to be actively using whatever skill or ingenuity he may have.

Where a handicapped person assisted under this heading shows special aptitude, the aim will be to bring him to the standard of the home-workers scheme and then to encourage him to join it.

Manor Handicrafts Centre.—In June, 1953, a Handicrafts Centre was opened at the Manor Maternity and Child Welfare Centre. The rooms used are situated in the basement but the workshop has good natural light, and has a concrete floor area of 30 feet by 18 feet. In addition,

there is a store room with a floor area of 14 feet by 8 feet, a pleasant office where patients may be interviewed, facilities for providing light refreshments and good toilet accommodation which is easily accessible for all handicapped persons.

Six sessions per week are held, each session being of two and a half hours' duration, i.e., 9.30 a.m. to noon ; 2 p.m. to 4.30 p.m. Two male groups and one female group have been formed and they attend the centre as follows :—

Monday morning	..	..	..	Male Group A.
Tuesday morning	..	..	..	Male Group B.
Wednesday afternoon	..	..	..	Female Group.
Thursday morning	..	..	..	Male Group B.
Thursday afternoon	..	..	..	Part of Male Group B.
Friday morning	..	..	..	Male Group A.

The patients, whose ages range from 17 years to 76 years, are suffering from a wide variety of disabilities and they include five wheel-chair cases and five blind persons. The blind persons are not primarily included because of their lack of sight but because they have an additional handicap.

The instruction is carried out by the Co-ordinating Officer and it was considered that twelve handicapped people was the maximum that could be reasonably accommodated and given adequate supervision and instruction at one time. Each group has, more or less, been limited to this number. Before enrolment, each patient was visited jointly by the Medical Officer in the service and the Co-ordinating Officer, and this gave an opportunity to establish contact with the patients in their own homes and to assess difficulties which might have to be overcome from relatives and environment. In addition, the patient's own doctor was consulted and at all times the general practitioners have been most co-operative.

Each male group began by making its own woodwork benches and fitting out tool cupboards, and chairs and tables were obtained from day nurseries which have recently been closed. Thus the cost of necessary furniture and equipment was kept to a minimum.

So far as possible, it was intended that the patients should be taught to make marketable articles, and the men have been making clothes horses, household steps, bookshelves, table mats in wood and formica, leather purses and articles in plastic. In addition, bases for tea-pot stands, tea trays and various types of baskets have been made with holes drilled ready for completion at the handicraft classes of the Welfare of the Blind Department. Stool frames are also assembled and stained ready for completion by the blind. Various bases have been supplied to the Sheffield Cripples' Aid Association. At Christmas-time, plaster cast figures for cake and other decoration were made. There has been a steady flow of orders, particularly from the Welfare of the Blind Department, and there has been a good demand from private sources for the clothes horses, bookshelves, etc. Working in groups, using the skill of each member to the best advantage, is economical and allows a higher standard of finish, thereby creating a more ready sale for the goods produced.

Wherever possible, the selling price of any article is approximate to a comparable article commercially made and marketed. From the proceeds of the sales, the Department recovers the cost of materials used plus a fixed percentage of 10 per cent. to cover the depreciation of equipment, use of premises, etc. The profits are then pooled and distributed amongst the patients at suitable intervals. The amount each patient receives is in relation to his attendance record. The women's group has only been established a few weeks and sales of articles made by them have not yet taken place. However, it is hoped that their goods will be available for sale in the near future.

The members are enthusiastic and gain satisfaction from their work. Some work in pairs, dividing the operations amicably between themselves, while others prefer to work independently, doing a job from start to finish. In other cases, the patient realises that a complete job is more than he can tackle and, after finishing one operation which he can perform with ease, he is content for the next operation to be done by one or more of his companions until the article is completed. The co-ordinating officer has set up jigs and other "gadgets" to help certain of the patients carry out their work and attain a degree of self-reliance which would otherwise have been impossible.

The principal aim of this venture is to discover the capabilities of the patients within the limit of their disabilities, education and industrial history, in order to assess their prospects of undertaking remunerative work. There are several who can attend regularly and whose standard of work is so high that they might be recommended to open industry if suitable employment could be found. This is a problem that must be faced in the future, if frustration is not to replace hope and enthusiasm. On the other hand, success has not attended every case. The defaulters and irregular attenders soon become apparent and are to be expected. Personality defects, arising from various causes, might be said to have prevented them fitting into this scheme, and they will be difficult to fit into any other.

The Ministry of Labour have been co-operative at all times and support the scheme through their Disablement Resettlement Officers.

Marketing of Produce.—As previously mentioned, the aim will be, wherever possible, to encourage the handicapped persons to produce articles with a marketable value rather than rely upon sympathetic purchasers. However, the handicapped worker is obviously at a disadvantage regarding the marketing of his produce if left to his own resources, and arrangements must be made for the sale of his goods either by direct sale to the public through a local authority sales shop, market stalls staffed by voluntary helpers, "Sales of Work" or possibly to agencies either locally or over a wider radius. In this latter connection, one of the duties of the Co-ordinating Officer is envisaged as finding out what the market requires, obtaining orders for whatever is needed, and seeing that the goods are delivered. He would also watch that the market was not flooded by any one type of article, and that the exclusive field of blind welfare activities was not encroached upon by any group. In the course of time it is hoped that this Officer will be able to incorporate the established work of the Blind Welfare in the wider field of welfare for all disabled persons.

Training Facilities.—Arrangements have been made for an interchange of information with the Director of Education and the Regional Controllers and Local Officers of the Ministry of Labour in order to ensure that any handicapped person capable and desirous of undergoing suitable training may have the opportunity of doing so. These facilities will include further education.

It will be appreciated that the complete scope of these schemes will take a long time to reach full fruition, but the welfare work involved is a worthy preoccupation of a local authority.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The Care and After-Care Service, instituted during 1948, in accordance with the requirements of the National Health Service Act, 1946, is concerned with the prevention of illness, the care of persons suffering from illness and the after-care of such persons.

The Service has grown steadily within the nature of the demands made on it and in anticipation of the requirements. It is not always easy to define the line of demarcation between the "after-care" services provided under Section 28 of the National Health Service Act, 1946, and the other welfare services, e.g., under the National Assistance Act, 1948, but this in itself may not be a bad thing. The services under the two Acts should not be separated into compartments, each specialising and working for its own ends, but welfare services should be regarded as a whole, each part being complementary to the other. In Sheffield, the Home Nursing Service, the welfare services for Handicapped Persons other than the Blind and the services under this heading are all administered by the same staff, thus ensuring the proper co-ordination of these three services.

The Care and After-Care Service links up very closely with all the Social Services (both statutory and voluntary) and has steadily developed as a central co-ordinating and integrating factor, acting as a focal point for advice and assistance regarding the many problems that arise in association with ill-health and disability. A personal approach is made to the problems of each patient and a suitable relationship established. To this end, the patients and their families are encouraged to discuss their worries fully, in the confidence that the workers in the service are willing to appreciate the extent and effect of their difficulties.

Unsatisfactory home conditions are the cause of many of the problems that arise where there is sickness in a household, particularly where the illness is of a chronic nature. So far as the housing authority is concerned, arrangements have been made for the more serious cases of hardship to be placed before a Special Section of the Housing Committee for consideration for priority rehousing. It is appreciated that, owing to the present housing situation, it is very difficult to satisfy the needs of all these cases, and indeed, the fault for the continuation of the invalid's plight may not, in many cases, be wholly due to the housing shortage, but to the landlord's inability to permit an exchange.

It is in the preventive field that the local authority can make the most of the opportunities offered by recent legislation and, to ensure the proper development of this field, every effort is made to maintain the closest co-operation between the Hospitals, General Practitioners and the Department. The Health Visitor has an important part to play in the Care and After-Care Service. She is the social worker for the family and can, by advising the family on health matters, assist greatly in the prevention of illness, or if illness has unfortunately occurred she can help to minimise its effect upon the patient and his family. A liaison exists, through the Health Visitor, between the Care and After-Care Service and the almoners of the hospital and other institutions and in addition, the Health Visitors and family doctors are associated in the care of patients in their own homes. Although there are difficulties, such as shortage of staff, to be overcome, every effort is being made to extend this association, as the promotion of health in the family depends upon it.

Increasing attention is being given to the problems of the aged and arrangements have been made for Health Visitors to call upon people who have difficulties due to the frailties of old age. In addition, Dr. Parker, the Medical Officer in the Care and After-Care Service, has visited the great majority of the Old People's Clubs and organisations dealing with the aged and the disabled in the City in order to discuss the general problems of the members.

As regards the care of tuberculous persons, there is a close liaison between the Care and After-Care Service and the specialist Medical Officers engaged in the Tuberculosis Service, which ensures that there is an early visit made by a Health Visitor to the home of any person notified as suffering from tuberculosis and an easy exchange of information between the Department and the Chest Clinic. The Health Visitor, in association with the doctors, is able to give advice regarding measures to be taken for the protection of the family and the restoration to good health and rehabilitation of the patient. Any special need is reported and at once given attention.

Patients and their families are being assisted in such ways as the following :—

Tuberculosis.—The Health Visitors carry out the primary visiting of newly notified cases of tuberculosis, and reports on home conditions are supplied to the specialist medical officers of the Regional Hospital Board. In addition, arrangements are made for all contacts of the patient to attend the Chest Clinic for examination. Thereafter, the Health Visitors make periodic visits to the homes of patients and report to the Medical Officer of Health any special requirements of the patients for the appropriate action to be taken. Whenever it is thought advisable, the Health Visitors call at the Chest Clinic and discuss their cases with the medical and other staff. When required, a Health Visitor or a member of the staff of the Care and After-Care Service will visit a patient in sanatorium in order to assist him with any social problems that may have arisen, and generally place his mind at rest, particularly with regard to his natural concern for the welfare of his family, thereby helping him to accept whatever treatment is advised. Every effort is made to keep in touch with patients until such time as further supervision is no longer considered necessary.

During the year 1953, the Health Visitors made a total of 7,140 visits to the homes of tuberculosis patients as detailed in the statement below :—

Tuberculosis of Lungs :—

For general investigation	5,831
<i>Re</i> home conditions upon discharge from Sanatoria	578
	<hr/> 6,409

Other Forms of Tuberculosis :—

For general investigation	731
-----------------------------------	-----

TOTAL	7,140
----------------------	--------------

Beds and bedding are loaned to necessitous infectious cases of Tuberculosis of the Lungs, in order that they may have a separate bed and, where possible, a separate bedroom. Details of the articles loaned during the year 1953 are as follows :—

70 Bedsteads ; 67 Mattresses ; 58 Mattress Covers ; 272 Sheets ; 196 Blankets ;
123 Pillows ; 154 Pillow Cases.

Where, as a result of consultation between the Health Visitor, Sanitary Inspector, the Care and After-Care Service and others involved, it is found to be desirable that a family in which there is an infectious case of Tuberculosis should be rehoused, efforts are made to provide suitable accommodation on the Corporation Estates, by arrangement between the Estates and Health Committees. As a result of the visits made by the Health Visitors to the homes of tuberculous persons during the year 1953, there were 45 cases reported where the environmental conditions were unsatisfactory and rehousing of the patients was desirable. 37 families were rehoused during the year. Since the inception of this scheme, in the year 1928, 1,035 families have been rehoused on Corporation Estates. At 31st December, 1953, there were 444 families living on the Estates under these special arrangements, and there were 28 families who had been recommended for rehousing but who had not then been rehoused. In every case the Chest Physician is consulted regarding the desirability of rehousing a family and to ensure that the most urgent and deserving cases are dealt with.

Two men have been maintained throughout the year at Village Settlements (one at Papworth and the other at Sherwood) for the purpose of rehabilitation, and favourable reports regarding the progress of these patients have been received. In November, 1953, arrangements were made for a further patient to be admitted to Papworth Village Settlement.

The National Assistance Board has given valuable co-operation and a close working arrangement exists between the Board's officers and the After-Care Service, each seeking the other's advice as required. The Board has been generous in making Exceptional Needs Grants to meet the urgent requirements of patients and their families, such as the purchase of new clothing, bedding, household utensils, decoration of the home, etc., which the family would otherwise be unable to afford.

Venereal Disease.—It has not been possible for a Health Visitor to be seconded for duty in connection with the Care and After-Care Service which deals with Venereal Disease, but special investigations are carried out when necessary, and the closest association is maintained between the clinics and the Public Health Department.

Other Illness (or illness generally).—In this field, the staff of Health Visitors is associated with the Care and After-Care Service and is playing an increasing part in the health education, not only of the patient, but of the whole family unit.

Arrangements exist whereby certain Health Visitors are attached to the Hospitals, the Chest Clinic and the Radium Centre as part of their work, with a view to providing an interchange of information regarding the environmental conditions of patients entering the various hospitals or attending other institutions, and also to obtain any relevant information regarding patients who are discharged and for whom the After-Care Service may be able to provide further assistance. Under this scheme, 447 cases were referred by the almoners and, as a result of reports made by the Health Visitors to the Service, much assistance has been given in dealing with the many social problems associated with ill-health. The results of the visits may be classified as follows :—

Reason for Visit	Number of Visits	Result			
Home conditions or after-care of Adults on or before discharge from hospital.	204	(a)	Home conditions satisfactory ...	...	61
		(b)	Domestic Help arranged ...	...	80
		(c)	Home Nursing provided ...	...	26
		(d)	Nursing Equipment loaned ...	...	17
		(e)	Overcrowding reported ...	...	8
		(f)	Sanitary defects reported ...	...	8
		(g)	N.A.B. informed of needs ...	...	2
		(h)	Admitted to institution from hospital ...	...	2
Home conditions or after-care of Children on or before discharge from hospital.	84	(a)	Home conditions satisfactory ...	...	56
		(b)	Sanitary defects reported ...	...	15
		(c)	Overcrowding reported ...	...	9
		(d)	Special advice given <i>re</i> care of child ...	...	4
Home conditions of out-patients and "follow-up" of defaulters from Out-Patient Clinics.	159	(a)	Home conditions satisfactory ...	...	27
		(b)	Appointments made for re-attendance ...	...	40
		(c)	Domestic Help arranged ...	...	38
		(d)	Patient deceased ...	...	11
		(e)	Sanitary defects reported ...	...	7
		(f)	Overcrowding reported ...	...	7
		(g)	Under care of own doctor ...	...	6
		(h)	Admitted to hospital ...	...	6
		(i)	Home Nursing provided ...	...	4
		(j)	Convalescence arranged ...	...	4
		(k)	Nursing Equipment loaned ...	...	3
		(l)	N.A.B. informed of needs ...	...	2
		(m)	Referred to Mental Health Service ...	...	1
		(n)	Left City ...	...	1
		(o)	Unable to trace patient ...	...	1
		(p)	Patient refused to attend ...	...	1

The Almoners are given all the information regarding these visits.

Another pleasing feature has been the continued close association with the general practitioners. Apart from referring patients for convalescence, nursing equipment, etc., the assistance of the service has been sought in dealing with domestic problems that often arise when illness occurs in a household. It is felt that in this direction most valuable assistance can be given by the Care and After-Care Service.

Close liaison also exists with the Mental Health, Blind Welfare and Social Care Services and every assistance is given to the persons referred by these services. The blind, mental defectives and aged persons often present difficult problems but everything possible is done to satisfy their needs.

As previously mentioned, much attention has been given to the care of the aged. It is amongst the aged that the greatest number of disabilities occur and many requests for assistance are received from, or on behalf of, aged persons. A Health Visitor calls upon the old person and arrangements are made for any necessary help to be given. Generally, the old person is kept under friendly supervision by the Health Visitor, but in certain cases it has been found that the facilities for the care of an aged sick person at home were unsatisfactory, and through the kind co-operation of Dr. K. J. G. Milne, Medical Consultant at the Firvale Infirmary, and by agreement with the general practitioner, priority admissions to hospital have been arranged where necessary. During 1953, 1,539 visits were made by the Health Visitors to the homes of old people.

Accidents in the Home.—Increasing attention is being given to the prevention of accidents in the home. Arrangements have been made for the loan of fireguards by the Care and After-Care Service to aged people, the blind and other appropriate cases. Six guards were loaned during the year.

In addition, various hospitals are providing particulars of children under five years of age who have received treatment for accidents, burns and scalds in the home, and visits are made by the Health Visitors to advise regarding suitable preventive measures in order to avoid further accidents.

PROVISION OF NURSING REQUISITES FOR PERSONS CONFINED OR NURSED AT HOME.

This part of the Care and After-Care Service works in very close co-operation with the Home Nursing, Hospital and general practitioner services, and is greatly used by them.

The arrangements which have been made with the Sheffield Hospital Services Council, the Darnall and District Medical Aid Society and the British Red Cross Society, to act as agents of the Council for the loaning of articles of nursing equipment and apparatus from their stores of these requisites to patients who are being confined or nursed at home, continued throughout the year. The Council's own stocks of nursing requisites have been increased by direct purchases from time to time, and depots from which these articles may be loaned are established at the Care and After-Care Centre at Town Hall Chambers in Fargate, at Johnson Memorial Nurses' Home in Endcliffe Crescent, at the Firth Park and Manor Maternity and Child Welfare Centres and at Norton Rectory.

The articles are loaned free of charge for a period of three months. Renewal of the loan may be made on application after this period has expired. The scheme operates on a basis of mutual assistance, centred around the Care and After-Care Centre, so that any depot in short supply of any articles can refer the applicant to the Central Office or other convenient centre and every effort is made to satisfy the applicant's requirements. It is usual for the depots to communicate by telephone before redirecting the applicant, thereby saving fruitless journeys. It has been found that this scheme works very well, and persons have been afforded the loan of articles without undue delay or trouble.

The following are particulars of nursing requisites loaned directly by the Council and by the voluntary organisations participating in this scheme, during the year 1953 :—

Articles.	REQUISITES LOANED DIRECTLY BY THE COUNCIL.								Number of articles loaned.
Air Cushions and Rings	493
Bed Boards	6
Bed Cages	39
Bed Pans	432
Bed Rests	257
Bed Tables	16
Commodes	44
Crutehes	28
Crutehes (Elbow)	2
Douche Cans	8
Dunlopillo Mattresses	41
Feeding Cups	43
Hot Water Bottles	6
Invalid Chairs	151
Rubber Sheets	480
Sorbo Cushions	3
Sputum Cups	8
Steam Kettles	4
Urinals (Male)	177
Urinals (Female)	24
Walking Stieks	20
Water and Air Beds	36
Water Pillows	2
TOTAL ARTICLES (loaned to 1,492 patients)							2,320

REQUISITES LOANED BY VOLUNTARY AND OTHER ORGANISATIONS AS AGENTS OF THE COUNCIL.

Articles.									Number of articles loaned.
Air Cushions and Rings	..	..	..	..	..	..	..	..	237
Bed Cages	..	..	..	..	..	..	..	..	10
Bed Pans	..	..	..	..	..	..	..	..	457
Bed Rests	..	..	..	..	..	..	..	..	160
Bed Tables	..	..	..	..	..	..	..	..	10
Commode	..	..	..	..	..	..	..	..	1
Crutches	..	..	..	..	..	..	..	..	149
Feeding Cups	..	..	..	..	..	..	..	..	19
Invalid Chairs	..	..	..	..	..	..	..	..	46
Rubber Sheets	..	..	..	..	..	..	..	..	389
Sputum Cup	..	..	..	..	..	..	..	..	1
Urinals (Male)	..	..	..	..	..	..	..	..	107
Urinals (Female)	..	..	..	..	..	..	..	..	3
Walking Stick	..	..	..	..	..	..	..	..	1
Water and Air Beds	..	..	..	..	..	..	..	..	13
TOTAL ARTICLES (loaned to 1,085 patients)									1,603

Although the loan of bedsteads and bedding is primarily to assist in the segregation of tuberculous persons, such articles are loaned to other patients in order to effect their earlier discharge from hospital than would otherwise have been possible, or to overcome the necessity of admitting them to hospital. Thus hospital beds are released for other patients. In addition, beds and bedding are loaned where the home nurse has difficulty in caring for the patient in a double bed or where it is thought that a single bed is necessary for the well-being of the patient. During 1953, there were 23 cases assisted in order to free hospital beds and 20 cases where the home nurse requested the loan.

Where necessary, bedsteads with self-lifting attachments are loaned to patients being nursed at home in order to add to their independence, comfort and mobility. During 1953, ten such beds were loaned. In addition, two adult size cots and one cardiac bed were loaned during the year.

CONVALESCENCE FACILITIES.

The arrangements for providing convalescence facilities for persons who have been ill, but whose active period of treatment is over, continued throughout the year.

Six beds for males are reserved at the North Eastern Counties Friendly Societies' Convalescent Home at Grange-over-Sands ; the Hunstanton Convalescent Home has agreed to provide accommodation for up to six women and ten children, and the Charnwood Forest Convalescent Home has agreed to provide accommodation for up to ten children. In addition, arrangements have been made for patients to be admitted to other Convalescent Homes, especially those willing to take patients with special difficulties who would be disqualified from admission to most Homes. For example, most Convalescent Homes do not cater for patients requiring special diets, but it has been possible to arrange for such persons to stay at the Sheffield Works' Convalescent Association's Homes at Ashover (men) and Matlock (women).

In all cases, a recommendation of a doctor is required and all the circumstances are investigated by the Care and After-Care Service before a patient is admitted to a Convalescent Home. A scale of weekly charges is laid down, the amount payable being assessed in relation to the family income. Patients are accepted for an initial period of two weeks, with provision for extending this if recommended by the Medical Officer of the Convalescent Home. 20 such extensions were granted during 1953.

In cases where patients may lack confidence about the journey to the Convalescent Home, efforts are made to introduce them to other patients travelling at the same time, in order that they may be of mutual assistance and their worries reduced to a minimum. When children are travelling to a Convalescent Home, arrangements are made, through the Care and After-Care Service, for them to be accompanied by suitable adult patients travelling at the same time.

The parents of the children are introduced to the temporary guardians, in order that there should be no confusion and that parents may be satisfied as to their children's welfare during the journey ; a member of the staff of the Care and After-Care Service is also present at the station to ensure that the arrangements for the care of the children are satisfactory. Requests have also been received from the almoners for arrangements to be made for adult patients to accompany children being sent convalescent by the hospitals. It has been possible to arrange this in every case.

During the year 1953, there were 177 cases in which convalescence facilities were provided, as compared with 183 in 1952. These admissions may be summarised as follows :—

	M	F	Total
North Eastern Counties Friendly Societies' Convalescent Home, Grange-over-Sands	18	—	18
Hunstanton Convalescent Home	—	29	29
West Hill Convalescent Home, Southport	15	53	68
Sheffield Works' Convalescent Association's Home (Matlock) ..	—	30	30
" " " " (Ashover) ..	9	—	9
Yorkshire Foresters' Convalescent Home, Bridlington	1	11	12
National Institute for the Blind Convalescent Home, Scarborough	2	2	4
Henderson Holiday Home for the Blind, Blackpool	2	1	3
Orchard Dene Convalescent Home for Mentally Defective Children	—	1	1
Church Army Rest Home, Bournemouth	2	—	2
Spero Fund Convalescent Home for the Tuberculous, Ventnor, Isle of Wight	1	—	1
TOTALS	50	127	177

The age-groups of the persons admitted to the Convalescent Homes were as follows :—

	Under 1 year	1—5 years	15—25 years	26—35 years	36—45 years	46—55 years	56—60 years	61—65 years	66—70 years	71—75 years	76—80 years	Over 80 years	Totals (Sexes)
Males	—	1	4	2	3	10	8	5	5	6	4	2	50
Females	—	1	9	5	12	23	17	23	22	13	2	—	127
TOTALS (Age Groups) ...	—	2	13	7	15	33	25	28	27	19	6	2	177

NOTE.—Children of school age are the responsibility of the School Health Service of the Education Committee.

Many men in the City contribute to the “ 1d. per week ” scheme of the Sheffield and District Convalescent and Hospital Services Council, thereby ensuring that they and their wives are eligible for free convalescence under that organisation’s scheme. Before patients are assessed by the Care and After-Care Service, it is ascertained as to whether they contribute to this or any similar scheme providing free convalescence, in order that patients may be spared unnecessary expense if they do so.

Satisfactory reports regarding the Convalescent Homes have been received from the great majority of patients upon their return to Sheffield, and they derived considerable benefit from their visits to the Homes.

Information is recorded with regard to Convalescent Homes other than those already mentioned, in order that their services, some of which are of a specialist nature, may be utilised if necessary.

B.C.G. VACCINATION AGAINST TUBERCULOSIS.

Arrangements for the vaccination by B.C.G. of children who have been exposed to the risk of infection from Tuberculosis, especially babies born into tuberculous households, came into operation in October, 1949.

Particulars of contacts vaccinated are forwarded to the Medical Officer of Health and special " follow-up " visits are made by Health Visitors.

In co-operation with the Department of Child Health of the Sheffield University and the Children's Hospital, the Health Visitors visit the homes of children up to the age of three years who have been in contact with a case of tuberculosis, in order to apply a skin test. The tests

are carried out before vaccination, and only those who do not react to these tuberculin tests receive B.C.G. It is important to avoid contact with known sources of infection while tuberculin-testing and vaccination are being carried out, and arrangements are made for the segregation of the children to be vaccinated—for six weeks prior to the vaccination and six weeks thereafter—making a total period of three months.

In order to facilitate the segregation for this period, an appeal has been made for suitable women to offer their services as foster parents where it is not possible to admit the infectious case to a sanatorium or arrange for the child to be cared for by a relative. At 31st December, 1953, four women were acting as foster parents in this scheme and a total of five women acted as foster parents during the year. Prior to being accepted for this work arrangements are made for the foster parents, and all the inmates of their house, to be examined at the Chest Clinic and, if suitable in every way, they are thereafter supervised by the Superintendent Health Visitor, in conjunction with the Children's Officer, whenever there is a child in their care. Where other arrangements cannot be made, the child may be admitted to a small private Residential Nursery. A scale of weekly charges to the parents for the maintenance of the child whilst it is boarded-out is laid down, the amount payable being in accordance with the family income.

In the year under report 24 children, as compared with 22 in 1952, were boarded-out with foster parents or at a Residential Nursery as follows :—

							Number of Children
Foster parents	..	..	..	..	..	..	13
Residential Nursery	..	..	..	..	..	..	11
							—
TOTAL	..	..					24
							==

During 1953, 484 Sheffield children were vaccinated with B.C.G. and 1,603 Sheffield children have received this treatment since the inception of the scheme.

The following statement shows the number of children vaccinated with B.C.G. since the inception of the scheme, according to age-groups :—

YEAR				AGE IN YEARS														GRAND TOTALS			
				Under 1		1—2		2—3		3—4		4—5		5—10		10—15				TOTAL	
				M	F	M	F	M	F	M	F	M	F	M	F	M	F			M	F
1949 (from October) ...				13	11	4	5	3	5	—	2	2	4	2	5	1	2	25	34	59	
1950	...	...	...	33	39	11	15	12	8	5	5	8	7	21	15	7	5	97	94	191
1951	...	...	...	61	65	25	21	26	22	13	19	18	13	67	52	19	20	229	212	441
1952	...	...	...	63	79	28	17	22	9	15	18	14	11	70	53	16	13	228	200	428
1953	...	...	...	112	103	18	21	19	12	15	12	11	6	74	46	15	20	264	220	484

In accordance with the Ministry of Health Circular 22/53, it has been decided to modify the Council's approved scheme, which enabled B.C.G. Vaccination to be given to persons who are known to have been in contact with tuberculous infection, so that arrangements can be made to offer such vaccination to school children between their thirteenth and fourteenth birthdays. The vaccination will, of course, be subject to the necessary preliminary tests and parental consent.

MENTAL HEALTH SERVICES

by WILLIAM FIELDING, M.D., B.Sc., D.P.H.,

Deputy Medical Officer of Health.

Lunacy and Mental Treatment Acts, 1890–1930.—During the year 1953, a total of 628 persons were admitted to mental hospitals and observation wards, a decrease of five from the total of 633 admitted during 1952. The acute shortage of beds for mentally sick persons continues to be a source of considerable anxiety and, despite the increased use of psychiatric out-patient clinics and an intensification of home visiting by members of the Department's staff, many seriously ill patients have had to wait an unduly long period before admission. During the year, 84 Reception Orders on patients detained in the observation wards at Fir Vale Infirmary lapsed as no beds were available for transfer to Middlewood Hospital. The following statement analyses the action taken in regard to the 628 patients admitted to hospital during the year :—

I.	Patients suffering from mental illness and admitted to Fir Vale Infirmary mental observation wards	..	..	..	..	..	..	528
II.	Patients admitted to Middlewood Hospital :—							
	(a) As voluntary patients	..	..	..	..	..	..	67
	(b) As temporary patients	..	..	..	..	..	..	5
	(c) On Urgency Orders	..	..	..	..	..	..	3
								— 75
III.	Patients admitted to the sick wards of general hospitals	..	..	..	..	..	..	25
							TOTAL	628

The 528 cases shown in item I above were dealt with as follows :—

(a)	Certified and transferred to Middlewood Hospital	..	..	..	..	275
(b)	Admitted as voluntary patients to Middlewood Hospital	..	..	..	..	23
(c)	Admitted as temporary patients to Middlewood Hospital	..	..	..	..	32
(d)	Discharged following a period of observation	..	..	..	..	194
(e)	Died during the period of observation	..	..	..	..	4
					TOTAL	528

Many of the patients admitted to the observation wards of Fir Vale Infirmary and discharged without certification following a period of observation were senile cases, often living alone, whose confused and deluded state on admission frequently responded dramatically to rest, nursing care and simple medical treatment. It seems unfortunate that they should have had to spend even a short period in a mental observation ward and, with the co-operation of the hospital, as many of these cases as possible are being admitted to general sick wards in the first place so that their physical condition can be assessed and improved.

The general arrangements for admission of cases to hospitals for treatment and observation have continued, the Duly Authorised Officers making all arrangements for investigating the circumstances of patients referred by family doctors and others, and in the event of treatment being required, the Duly Authorised Officers take all appropriate steps. During the last few years, the after-care of patients discharged from mental hospitals has been intensified where required, and an arrangement is in operation whereby patients discharged from Middlewood Hospital and considered to be in need of after-care are notified to the Department. It seems probable that in many cases this friendly supervision following discharge has prevented a further mental breakdown and enabled the patient to readjust himself satisfactorily to life within the community.

Mental Deficiency Acts, 1913–1938.—The shortage of accommodation, which has already been noted with reference to patients suffering from mental illness, is equally, if not more, serious in regard to mental defectives. The number of urgent cases on the institutional waiting list rose during the year from 93 to 99, and there are in addition a considerable number of others who should properly be admitted to an institution owing to their aggressive, irresponsible and generally anti-social behaviour. The provision of additional Day Occupation Centre accommodation has been actively pursued by the Committee, and during the year a considerable amount of the work in adapting “The Towers”, Sandygate, for use as a boys’ Occupation Centre was completed.

During 1953, the Department's staff of Mental Health Visitors was depleted by resignations and sickness, but in addition to the statutory supervision of defectives in their own homes, a considerable number of Court attendances was made, and home circumstance reports completed for various purposes. Efforts have also been made to find work for suitable cases, but there are obvious difficulties in placement.

The statistics of the Department's work show that during 1953 a total of 114 cases of possible mental defect was referred to the Department, the majority (101 cases) being reported by the Education Committee, the remainder by family doctors, parents, health visitors, etc. The medical examination of 86 cases had been completed by the end of the year, and all were ascertained to be mental defectives as defined by the Mental Deficiency Acts. Of this number, two cases were admitted to institutions, one case was placed under guardianship, and the remainder placed under Statutory Supervision with appropriate recommendations for attendance at an Occupation Centre or admission to an institution at a later date.

The number of mental defectives under home supervision has continued to show a slight increase, as follows :—

NUMBER OF CASES UNDER HOME SUPERVISION					
Year			Males	Females	Total
1946	..	..	—	—	1,106
1947	..	..	—	—	1,107
1948	..	..	517	509	1,026
1949	..	..	536	531	1,067
1950	..	..	557	557	1,114
1951	..	..	566	561	1,127
1952	..	..	595	553	1,148
1953	..	..	624	581	1,205

During the year, the mental health visitors made 5,753 home visits, accompanied 79 defectives to and from institutions, were present at 234 medical examinations and attended Court in connection with 79 cases.

Occupation Centres.

(a) *Pitsmoor Road*.—There were 87 defectives on the register at the end of the year, 51 being adult males, 5 adult females, 28 junior males and 3 junior females. Five adults and 8 juniors were admitted during the year, and 4 adults and 3 juniors left the Centre. There were unfortunately no discharges to employment during the year, but a full account of the work of the Pitsmoor Road Centre since its establishment in 1938 and its record in securing employment for its leavers is given on page 111 of this Report.

The work of the Centre was well maintained during the year, with a wide variety of handicrafts and, in addition to the usual Christmas festivities and Open Day, several of the staff accompanied 32 of the senior boys on their annual seven days' camp near Saltburn.

One of the assistant supervisors commenced the Diploma Course of the National Association for Mental Health, held in London.

(b) "*The Towers*", *Sandygate*.—During the year, considerable progress was made in the adaptation of the buildings for use as a Male Occupation Centre, and a resident caretaker-gardener was appointed who commenced duty in November, 1953. Preliminary steps were also taken in the appointment of additional staff to deal with the increased numbers of trainees, and in the ordering and manufacture of equipment. A detailed account of the very exacting work which resulted in the unofficial opening of the Centre in June, 1954, by the transfer of approximately 60 senior boys from Pitsmoor Road, and the reorganisation of the Pitsmoor Road Centre for girls and young children of both sexes, will be given in a subsequent Annual Report.

THE PITSMOOR STORY

By WILLIAM FIELDING, M.D., B.Sc., D.P.H.,
Deputy Medical Officer of Health.

INTRODUCTION

Success is a variable quantity and should be measured only in relation to difficulties. The achievements of an individual possessing youth and mental and physical vigour cannot be compared with similar attainments on the part of one handicapped physically or mentally, and the achievements of a teacher who helps the individual to overcome his disabilities and to become a self-respecting and self-supporting member of the community are correspondingly great.

Today, vast quantities of public money are spent on the rehabilitation and training of a wide variety of handicapped persons, and of this great army perhaps the least rewarding in the material sense are mental defectives, the majority of whom have been excluded at an early age from the benefits of the educational system. Many local health authorities have already established occupation centres for mental defectives, and others have included schemes of this type in their proposals under the National Health Service Act. The impending reorganisation of the Pitsmoor Road Occupation Centre in Sheffield seems an appropriate occasion to assess the value of the training carried out there since its establishment in 1938, and to trace the history of those who since that time have been discharged to employment.

THE BEGINNING

For a number of years prior to 1937, the Mental Deficiency Acts Sub-Committee of the Sheffield City Council had considered the possibility of establishing an Occupation Centre for mental defectives but, chiefly owing to the shortage of suitable premises, no positive action had been taken. Early in 1937, however, the derelict premises known as No. 259, Pitsmoor Road became available, and subsequent enquiry showed that these premises, while far from ideal for the purpose, could be adapted at a reasonable expense. The house, a square brick building, erected about 1820, had originally been the town dwelling of wealthy Sheffield families, and was purchased by the Board of Guardians in 1923 and used as a training home for girls until 1929, when the functions of the Guardians were vested in the Corporation. Another reason for delay was the desire that the Centre should be under the supervision of a medical officer experienced in the occupational training of mental defectives, and the appointment of a suitably qualified medical officer under the Mental Deficiency Acts removed this difficulty. Events then moved rapidly and the City Council, at its meeting in September, 1937, approved the appropriation of the premises from the Public Assistance Committee at an agreed transfer value of £600, a diversion of estimates also being approved in the sum of £950, being £250 for the repair, cleaning and decoration of the premises, £200 for furniture and tools, and £500 for running the Centre for the first nine months. The cost of a full year's working was estimated to be about £750.

It must be remembered that this was a pioneer venture for Sheffield, and the intention was to begin on a small scale, with mentally defective boys, and one or two mentally defective girls to help with the domestic work. There was little experience to draw upon from similar centres elsewhere, and it was appreciated that suitable staff would almost certainly have to be recruited from mental deficiency institutions, who almost alone had experience of occupational therapy and training for mental defectives. In asking for applications for the post of Occupation Officer, the City Council therefore insisted on the possession of the R.M.P.A. Certificate and experience in occupational therapy, and finally appointed a suitably qualified officer to commence duty on January 1st, 1938.

The scope of the Centre training was given in a letter to the Board of Control in November, 1937, as follows :—“ The building is now being prepared for the purpose and it is anticipated that the date of opening of the Centre will be on 1st January next, from which date the Occupation Officer's appointment commences.

The premises are those previously used by the Sheffield Board of Guardians as a Girls' Training Home, and contain kitchens, a laundry, two large workrooms and a sewing room. There are also a few small rooms for adaptation if this is found necessary at a later date. The occupations and training to be provided are those of the usual nature, such as gardening, boot repairing, book-binding, woodwork, etc., for the males, and training in domestic work and handicrafts for the females.

The Centre will commence on a small scale with male defectives, and one or two females, who in their domestic training will be in charge of the kitchen supervisor, and who will assist in the preparation of a mid-day meal for the trainees. The numbers will be increased as the Centre develops, but actual numbers cannot be stated at this stage. It is anticipated that the Centre will be open for training purposes from Monday to Friday each week, probably from 9.30 a.m. to 4.30 p.m."

From the beginning the City Council approved the provision of a free mid-day meal for all trainees, partly as an inducement for attendance, but also in the knowledge that many mental defectives were physical weaklings, and that many came from poor homes. This arrangement has continued in force, including the war years, and there can be no question of the physical improvement in the trainees.

The repairs and decorations were completed in the last months of 1937, and the Centre opened as anticipated on 1st January, 1938, although the first two trainees were not admitted until the 4th of the month. By the end of January the numbers had increased to 13 boys and 5 girls (all over 16 years of age).

Occupations provided during the early months of 1938 reflected the policy of the Council in requiring self-help from the trainees. The gardens (the site is about 2,000 sq. yds.) were in a wild and overgrown condition, and for some of the stronger boys the restoration of the gardens proved the first step in their own rehabilitation. Occupations in January, 1938, were :—

<i>Boys.</i>	Gardening	7	<i>Girls.</i>	Domestic work ..	5
	Woodwork	1			
	Rug and mat making	5			

Meals provided during the first month totalled 200, an average of 10 per day.

During February, 1938, admissions to the register were 1 boy under 16 years, 7 boys over 16 years, and 3 girls over 16 years, while one boy left to take up employment. The range of occupations was increased by the addition of painting and general handicrafts for the boys, and sewing for the girls. As before, as many of the boys as possible continued to work in the garden.

By the middle of 1938, the numbers had increased to 30 boys and 10 girls, and it was becoming very clear that the Occupation Officer, even with the assistance of the Kitchen Supervisor, was no longer able to give adequate supervision, particularly as many of the trainees were of imbecile grade. In his report for August, 1938, he reported "considerable damage to tools and materials, and quarrelling among the boys", and later in the year a fire occurred at the Centre, which fortunately caused little damage. Accordingly, the Sub-Committee, at its meeting in October, 1938, recommended the appointment of an Assistant Occupation Officer (Male), and further that new admissions to the Centre should be restricted to male defectives.

In spite of the difficulties encountered during the early months at the Centre, a serious effort was made to encourage its social life. A sing-song was arranged to mark the end of the Summer Term, and on September 9th the Occupation Officer took 7 boys "who had never been away for a holiday for a week-end camping at Redmires".

At Christmas, 1938, the Centre organised a party, attended by 31 trainees and 29 friends and relatives, and so successful was it that this has become an annual event.

The Assistant Occupation Officer commenced duty in January, 1939, and the following month an Inspector of the Board of Control made an official visit to the Centre. Extracts from his report are as follows :—

"Maximum places (in the Centre)	.. .. .	60
Numbers on register	.. .. .	58 (including 8 girls)
<i>Work taught. Boys.</i>	Woodwork, mat making, basket work, house repairs, boot repairing, upholstering, gardening, domestic work.	
<i>Girls.</i>	Domestic work, cookery, laundry work, simple needlework.	
<i>Type of Patients.</i>	Mixed grades of both sexes, ranging from low-grade imbeciles to feeble-minded, over the age of 16 years.	

Eight of the highest grade patients of both sexes have obtained employment in upholstering, domestic service and other factory work since in attendance at the Centre Most of the trainees appear tidy and clean. A determined effort is being made to get the boys to wash before dinner.”

THE WAR YEARS AND AFTERWARDS

Of the Occupation Centres developed by local authorities prior to 1939, comparatively few remained open in their original premises throughout the war, and the Pitsmoor Road Centre was one of this small number. The only occasions the Centre was closed (apart from normal holidays) were following bomb damage during the air raids of 1940, and temporary repairs reduced the closure to a very short period.

Air raid precautions began during the late summer of 1939, all trainees receiving air raid drill. The cellars provided safety for 60, and evacuation could be completed in two minutes. Evacuation of certain of the civilian population affected attendance at the Centre, and by early 1940 the numbers had fallen to 37 (29 boys, 8 girls), but as the Assistant Occupation Officer was released for armament work in May, 1940, any larger number would have been beyond the capacity of the Occupation Officer, who again carried on single-handed, with the assistance of the Kitchen Supervisor.

On the night of August 31st/September 1st, 1940, bombs were dropped near the Centre, most of the windows being destroyed, the doors blown open, and the walls and roof damaged by flying stones and bomb splinters. Temporary repairs were quickly effected, but further damage on December 12th/13th caused the Centre to be closed for 16 days.

When the Inspector from the Board of Control made his second visit to the Centre in May, 1941, an additional male helper had commenced duty, and the number of trainees on the register was 39 (34 boys, 5 girls). He reported—“The Centre has changed its character but very little since its inception despite the wartime difficulties which beset it. The same healthy spirit of activity pervades it. Numbers have fallen, but it was gratifying to learn that 15 lads and 3 girls have succeeded in finding employment during the past year”.

So the work continued, and at a time when anybody capable of work was eagerly engaged by employers, there was a steady flow of higher grade trainees into the open labour market. The Inspector of the Board of Control, visiting the Centre in May, 1942, noted that a further 8 boys and 1 girl had obtained employment since his previous visit, but also remarked that the trainees remaining were of “the imbecile level”. In view of the difficulties, shortage of staff, a high proportion of very low grade defectives, and few facilities for classification, it is not surprising to hear that some of the high grade activities had to be abandoned about this time, but strenuous efforts were made to keep the outdoor activities going, and the fresh vegetables grown in the garden must have been a welcome addition to the wartime diet.

Staff shortages continued to be a source of difficulty in carrying on the work of the Centre, but in May, 1944, the Assistant Occupation Officer returned from armament production and rejoined the Occupation Officer and the Kitchen Supervisor, who once more had been left alone.

The Assistant Occupation Officer's experience in wartime industry was to be of value in developing the training of low grade boys, and the Inspector of the Board of Control, while lamenting the poor mental quality of the trainees remaining in 1944, alludes to this—“. the girls are higher grade than the boys, who are mainly of imbecile grade the boys attending the Centre tend now to be those of lower grade mentality and those who were found to be misfits in industry, as any boy capable of employment has little or no difficulty in getting a job. The result has been that the work achieved in the Centre has often had to be a communal effort, each lad being given some small and simple part to do in making some article which, when completed, may be fairly elaborate and of a high standard of workmanship.”

The number of trainees attending the Centre remained comparatively low until the end of the war, with an average of about 30 on the register, but with the gradual return of evacuated families and the resumption of more normal conditions in the City, the requests for admission quickly rose again, and on 1st April, 1946, a juvenile section was established under the charge of a female

assistant. By the end of April, the juvenile class contained 10 boys between the ages of 6 and 15 years, who were escorted to and from the City centre by the class teacher, and who in addition to their free mid-day meals also received free milk.

The victory celebrations of this year were not allowed to pass unnoticed at the Centre, and in June a party of 28 trainees went on a motor coach outing to Ladybower Dams.

In August, 1946, a total of 46 were in training (32 senior boys, 12 junior boys, 2 senior girls), and the Council had under consideration the extension of the Centre by converting the coach house and stables into workshops. A further matter under consideration was the provision of temporary accommodation elsewhere for the junior defectives, among whom it was hoped to start a girls' class. This was unfortunately a particularly difficult time to consider expanding the service and, while plans for the adaptations to the coach house and stables were pressed and eventually realised in 1948, a prolonged search for additional premises proved unsuccessful.

The arrangements for conveying trainees to and from the Centre were improved by the provision of a special bus in the morning and afternoon, and the physical condition of the juveniles was safeguarded by an agreement with the School Medical Officer to give them the facilities of the school clinics. Both these arrangements have undoubtedly been of considerable value, particularly in the case of the juniors and those who in addition are physically handicapped.

The Christmas arrangements in 1946 were for the first time carried out in duplicate, the junior party being attended by 16 trainees, and the senior party by 27 trainees.

Alterations to the kitchens were completed in early 1947, making provision for the additional meals required, and in June 1947 a party of 26 boys and 2 girls spent an 11 day holiday in camp at Saltburn. During August and September of the same year a party of 12 boys went fruit picking locally and thoroughly enjoyed the healthy outdoor life.

The numbers attending the Centre had by now increased to over 60, a report to Committee, in October, 1946, recording 42 senior boys, 18 junior boys and 6 senior girls. The junior boys were all collected into one room for training purposes, the senior girls were occupied in the kitchens and dining room, while the senior boys were divided into four groups :—

Main workshop	..	..	..	..	..	..	..	..	24
Recreation Room (Low Grade boys)	..	..	..	..	..	..	..	..	10
Boot repair room	..	..	..	..	..	..	..	..	4
Gardens	..	..	..	..	..	..	..	..	4

The staff engaged to supervise the trainees consisted at this time of the Occupation Officer (re-designated Superintendent), the Assistant Occupation Officer (re-designated Charge Nurse), one female instructor, and a kitchen staff of two. It was hoped that the difficulties of adequate supervision would be to some extent overcome by the adaptations to the out-buildings foreshadowed in 1946, which would provide two new workshops for 25 senior male trainees, and that the existing accommodation could then be used mainly for younger boys. An additional male supervisor was appointed at the end of 1947, and work on the adaptations commenced in January, 1948, being completed in August.

In May, 1948, the annual holiday camp at Saltburn attracted 28 boys and 5 girls, and once again a very happy time was enjoyed by both trainees and staff.

Further staff appointments were made in 1948, and in August the staff consisted of 4 male supervisors (including the Superintendent) and 2 female supervisors. The numbers attending the Centre were approximately 64 (39 senior boys, 19 junior boys, 6 girls), but in spite of the efforts that had been made to increase the scope of the Centre, the Board of Control for the first time made certain criticisms, particularly of the small provision for girls, and the lack of classification of juniors. These were justifiable criticisms, as the Council fully realised, and renewed efforts were made to secure additional premises, but unsuccessfully.

The post-war activity of other local health authorities to establish or expand occupation centres for mental defectives began to have an effect on the staff at Pitsmoor Road, several of the supervisors leaving to take over more senior positions with neighbouring authorities. This, together with the increasing numbers of trainees wishing to attend the Centre, the shortage of institutional accommodation in the Sheffield region following the introduction of the National Health Service Act, and the increasing numbers of low grade defectives, who were admitted as

social problems rather than as potential employees, served to aggravate an already difficult situation. Every building offering possibilities as an additional occupation centre was carefully examined, and it was not until early 1951, when nearly forty other premises had been examined and considered, that "The Towers", Sandygate, was finally accepted as a suitable building for adaptation as an occupation centre for male defectives. Prolonged negotiations, including a Compulsory Purchase Order, and extensive alterations and repairs, have delayed the opening of this new Centre until 1954, and meanwhile No. 259, Pitsmoor Road has carried on, with an average attendance of 80—90 trainees, amid a welter of difficulties quite unknown and incomprehensible to any but the few who tried to surmount them.

During the 16 years of its existence, the Pitsmoor Centre has admitted about 300 trainees, and of this number at least 60 have passed into employment.

THE RESULTS

In the autumn of 1953, an investigation was made into the circumstances of a total of 208 boys and girls who had left the Pitsmoor Road Occupation Centre during the period 1938–53. Attendance at an occupation centre is purely voluntary, and a number were found to have left for the most trivial reasons; others were reluctantly excluded from further attendance owing to a deterioration in their mental or physical condition, and a number "made good" and left to enter employment.

Of the 208 "leavers", a total of 74 left to enter employment, and many of these "made good" in the best sense of the term, in that they found and retained employment in open industry, and have made good citizens, living in the community and observing its conventions and its laws. Quite a number of them have been finally discharged from supervision, but others still require visiting from time to time. The position in Autumn, 1953, was as follows:—

TABLE I.

Made good, and discharged from Order	..	..	..	..	..	18
Working, making good, discharge likely soon	..	..	..	..	6	
Working, under statutory supervision	..	..	..	..	45	
Working under sheltered conditions (Remploy)	..	..	..	..	2	
Unemployable, living at home under statutory supervision				..	41	
Admitted to mental deficiency institutions	..	..	..	..	48	
Admitted to other hospitals (mental hospitals, etc.)		..	..	..	10	
Readmitted to special school (Education (Miscellaneous Provisions) Act, 1948)	..	..	..	..	..	1
Left the district	..	..	..	..	..	13
Died	..	..	..	..	..	16
No trace	..	..	..	..	..	5
Cases not ascertained as mental defectives, psychopaths, etc.	..	..				3
Total discharges, 1938-53						208

A further survey was made in June, 1954, with particular reference to those in full-time employment in open industry. Others in part-time or casual employment, those whose whereabouts or precise employment could not be ascertained, and those who had been in employment but had recently broken down, were excluded, and the final figure of 60 (males 53, females 7) represents those who are earning their living at the present time. A further two males are earning their living under sheltered conditions in Remploy factories.

It can, therefore, be said that practically 30 per cent. of those discharged from the Pitsmoor Road Occupation Centre during the years 1938–54 have "made good", and as no trainees have been discharged to employment during the years 1953 and 1954, it can be said further that these men and women have in practically all cases been continuously employed for at least two years.

TABLE 2.—*Discharges by years*

Year of Discharge					Males	Females
1938	..	..	..	..	5	2
1939	..	..	..	..	10	—
1940	..	..	..	..	5	—
1941	..	..	..	..	4	2
1942	..	..	..	..	1	—
1943	..	..	..	..	3	—
1944	..	..	..	..	2	1
1945	..	..	..	..	2	1
1946	..	..	..	..	1	—
1947	..	..	..	..	3	1
1948	..	..	..	..	7	—
1949	..	..	..	..	1	—
1950	..	..	..	..	5	—
1951	..	..	..	..	3	—
1952	..	..	..	..	1	—
1953	..	..	..	..	—	—
1954	..	..	..	..	—	—
Totals					53	7

There is one point that should be mentioned at this stage, that a small number (about half a dozen) males included in this total have been in an institution subsequent to their discharge from Pitsmoor, and therefore the result in these cases must be considered as a combination of two types of training. In arriving at the total of 60 employed, a small number of men who are known to be working in other areas, but whose details are unknown, have been excluded, so that it is probably fair to include this small number of post-institutional cases in the total.

The full employment enjoyed by most industrial areas in Great Britain has undoubtedly played a great part in the success of this training venture, and probably many of these men and women would be the first to be discharged during any industrial depression, simply because of their poor mentality. On the other hand, most of them are employed in fairly heavy manual work, or menial jobs whose very unpopularity among the working population would help the defective to preserve his hard-earned independence. The type of employment obtained by the 60 trainees described above is as follows :—

TABLE 3.—*Types of Employment*

Males :

Labourer, Steelworks	..	..	..	..	..	..	..	21
Labourer, other, including agricultural			..	..	..	..	..	21
Coal bagging and delivery	..	..	..	..	..	..	..	2
Colliery, screen hand ..	..	..	..	..	..	..	..	1
Vehicle cleaning and painting		..	..	..	..	..	..	1
Window cleaning	..	..	..	..	..	..	..	1
Bakehouse, packer	..	..	..	..	..	..	..	1
Crane driver ..	..	..	..	..	..	..	..	1
Concrete mixer	..	..	..	..	..	..	..	1
Kitchen porter	..	..	..	..	..	..	..	1
Night watchman	..	..	..	..	..	..	..	1
Cinema operator	..	..	..	..	..	..	..	1
								—
								53
								==

Females :

Canteen worker	..	..	..	..	..	..	..	..	3
Cutlery worker	..	..	..	..	..	..	..	..	2
Domestic worker	..	..	..	..	..	..	..	..	2
									7
									7

The wages earned averaged £6—7 per week in the case of the males, and about £3 per week in the case of the females, exclusive of any overtime they might work, and these are not dissimilar to the wages of the labouring classes in Sheffield at the present time.

The majority of these men and women have settled down well, but of the 53 males, seven had trouble with the police at one time or other, and of the 7 females, one had a similar lapse from grace. The offences in most cases do not appear to have been very serious, or repeated, and in only a few cases was a conviction recorded. Seven of the males and one female have married and, as far as is known at present, successfully. The children of the marriages appear to be normal at the moment.

In view of these very satisfactory results of centre training, further enquiries were made into the family background of the 60 trainees under discussion, together with an enquiry into the training they received.

TABLE 4.—*Occupation of Male Parent*

Male trainees :

Professional	..	..	..	..	..	..	..	..	1
Skilled artisans		..	..	..	..	..	..	..	6
Labourers	..	..	..	..	..	..	..	..	31
Unknown	..	..	..	..	..	..	..	..	15
									—
									53
									==

Female trainees :

Skilled artisans		..	..	..	..	..	..	..	1
Labourers	..	..	..	..	..	..	..	..	5
Unknown	..	..	..	..	..	..	..	..	1
									—
									7
									==

The great majority of the trainees at the Pitsmoor Road Centre have come from working class homes, and it is not surprising to find that a high proportion of the “ successful ” trainees had this background. In practically every case, however, their families were what used to be called the “ decent working class ”, i.e., the houses were clean and tidy and there was a very real effort on the part of the parents, brothers and sisters to help the defective all they could and to shoulder some of his responsibilities and troubles as well as their own. No “ successful ” trainee came from what is now called a “ problem family ”.

Practically all the “ successful ” trainees belonged to the lower feeble-minded grade, and only occasionally was an imbecile found to obtain and hold open employment. The actual details are :—

TABLE 5.—*Grade of “ Successful ” Trainees*

Grade				Males	Females
Feeble-minded	..	..	..	48	6
Imbecile	..	..	..	5	1
Total				53	7

Details of “ intelligence quotients ” are unfortunately not available in the majority of cases, but for all practical purposes the I.Q.’s of the “ successful ” trainees varied from 45—60, and there were probably very few in excess of 60.

The time spent in the Occupation Centre varied considerably, but the majority of the “ successful ” trainees were able to find employment following a comparatively short period of training. Details are as follows :—

TABLE 6.—*Time in the Occupation Centre.*

Time	MALES		FEMALES	
	Number	%	Number	%
Less than 6 months ..	18	33·9	4	57·1
6 months to 1 year ..	12	22·7	2	28·6
1—2 years	11	20·7	1	14·3
2—3 years	3	5·7	—	—
3—4 years	2	3·8	—	—
4—5 years	2	3·8	—	—
5 + years	5	9·4	—	—
Totals	53	100	7	100

Roughly speaking, a third of the boys and over half of the girls found work after less than six months training, over half the boys and four-fifths of the girls with less than one years training, and over threequarters of the boys and all the girls with less than two years training.

The age of trainees on admission to the Centre varied from 13 to 35 years in the case of the males, and from 14 to 34 years in the case of the females. Details are as follows :—

TABLE 7.—*Age on Admission and Average Length of Training.*

Age on Admission	MALES			FEMALES		
	Number	Average length of training		Number	Average length of training	
		Years	Months		Years	Months
13	2	1	6	—	—	—
14	—	—	—	1	—	5
15	5	1	10	—	—	—
16	12	1	6	1	1	5
17	5	*3	2	—	—	—
18	4	†2	11	—	—	—
19	4	—	6	—	—	—
20	1	8	—	—	—	—
21	3	2	—	—	—	—
22	—	—	—	—	—	—
23	1	—	2	2	—	6
24	1	2	—	1	—	3
25	4	—	9	—	—	—
26	3	2	2	—	—	—
27	—	—	—	—	—	—
28	1	—	1	—	—	—
29	1	—	10	—	—	—
30	—	—	—	1	—	1
31	3	—	11	—	—	—
32	—	—	—	—	—	—
33	1	—	3	—	—	—
34	—	—	—	1	—	9
35	1	—	2	—	—	—

NOTE.—Age on admission not available in the case of 1 male.
* Average length of training considerably increased by one boy who attended 13 years.
† Average length of training considerably increased by one boy who attended 10 years.

As was noted earlier, these results, which include a small number of boys who subsequent to leaving Pitsmoor Centre had periods in institutions, do not include others (probably a similar number) who have had an equally successful adjustment to employment, but whose detailed histories are not available.

There is also a greater number who, while not able to obtain full-time employment, are employed casually in coal delivery, market portering, window cleaning, etc., earning small wages which do not interfere with the National Assistance grant they receive. Those who live at home under statutory supervision, and who are designated as "unemployable" (41 out of the total of 208 discharges), should not be considered to be failures. In practically every case they are comparatively stable individuals, living in harmony with their neighbours, and able to make some small contribution towards the running of the house. Even if the Occupation Centre did nothing else but train the defective to be a stable and useful member of society, it would have served its purpose. That it has been able to train and rehabilitate 30 per cent. of more than 200 low-grade defective boys and girls to self-respect and self-sufficiency is a noteworthy achievement.

THE END OF A PHASE, JUNE—JULY, 1954

At the time of writing, Pitsmoor Road Centre has ceased to exist in the form of a Boys' Occupation Centre. All boys above the age of 12 years have been transferred to "The Towers," Sandgate, and the buildings are to be used in future as an Occupation Centre for senior girls and young children of both sexes. Its record since 1938 has been analysed in the foregoing chapters, and it remains only to comment on certain points which seem to have a bearing on the success of the experiment. During the whole of its existence there has only been one Superintendent who, prior to his appointment in 1938, had previously had some fifteen years experience in a very large mental deficiency institution where he helped to develop occupational therapy classes. This continuity of supervision by an experienced superintendent must have been a very important factor, and until recently there has always been a strong nucleus of experienced senior officers in charge of training, who have been able to handle refractory boys without difficulty and to assert the necessary discipline. Recent expansion has diluted this experience of the staff very considerably and it remains to be seen what bearing this will have on future progress, for it is essential to have good discipline among older defective boys.

It is clear that the lowest grades of defective boys and girls cannot be trained to the level of open employment, although many imbeciles can produce useful work under close supervision and under the sheltered conditions of an Occupation Centre. The stabilising influence of Occupation Centre routine and discipline is perhaps its most important contribution and, although the stimulus of a steady flow of trainees to industry may be lacking at the present time, it should be remembered that many of these children would otherwise be detained in institutions, and their retention in the community is no mean achievement.

The fact that attendance at an Occupation Centre is voluntary has its disadvantages, for it has frequently been found that parents have withdrawn a boy or girl as soon as they became useful about the house, whereas a longer period of training might have fitted them for a job. These were the poorer type of parent, and it can probably be said that, all other things being equal, the home background is the most important factor in deciding whether the Occupation Centre can help a particular child.

Almost inevitably the employable mental defective gravitates to the lowest forms of manual employment, and training should be directed towards making him a good manual worker. The type of work upon which he is engaged at the Occupation Centre is probably of little importance provided it achieves the following objects :—

1. It teaches him to be clean, polite, and "self respecting".
2. It teaches him manual dexterity.
3. It teaches him to stick at a job, preferably without too much close supervision, until the job is finished.
4. It teaches him obedience to instructions, and to avoid quarrelling.

All these virtues the feeble-minded can acquire more readily than the imbecile, but at the present time most occupation centres are overweighted by a high proportion of imbecile grade trainees who are unlikely to find full-time employment. Even so, the training provided can make a large number of these children easier to live with, and probably opens up a happier future for both the child and his parents.

SANITARY ADMINISTRATION

In the year 1953, the staff of Sanitary Inspectors made a total of 48,157 visits to, and inspections of, dwellinghouses for the investigation and abatement of nuisances under the Public Health Act, 1936 ; a considerable proportion of these nuisances was brought to the notice of the Department by complaints of tenants. These visits and inspections related, in all, to 11,277 houses. Visits of investigation, in regard to infectious and other notifiable diseases and many other visits relating to the general sanitary administration of the City, were also made by the staff of Sanitary Inspectors during the year ; details of these visits are to be found in Table XXIX within this section of the Report.

Infectious Disease—Investigation and Disinfection.—The Sanitary Inspectors made 9,032 visits of investigation during the year, at households where infectious or other notifiable diseases had occurred. In addition, 3,049 homes were visited by the staff of the Disinfecting Station for the purpose of carrying out disinfection at the houses on account of the occurrence of notifiable or other diseases. Beds and bedding, the patient's clothing and other articles which had been in contact with the patient, were collected by the staff and taken away for disinfection by steam.

Treatment of Scabies.—Treatment of Scabies was provided in premises at the Disinfecting Station in Plum Lane. Whenever a case of Scabies is brought to the notice of the Department, every effort is made to induce all the members of the family to undergo treatment. 65 persons, including 35 school children, attended for treatment during the year either as patients or as contacts. The number of persons treated for Scabies has steadily reduced since the peak year of 1942, when 5,729 persons were treated. In all instances, whilst the treatment is being given, the personal clothing is disinfected by steam. In addition, beds and bedding are collected from the homes and steam disinfected, and this was done in the case of 16 families during 1953. After treatment, all cases are followed up by visits to the home by the Health Visitors.

Disinfestation.—The use of D.D.T. for the eradication of insect pests, a service which commenced in 1945, was continued during the year 1953. D.D.T. has proved to be very satisfactory for dealing with bugs, fleas, cockroaches, beetles, crickets, silverfish, steam flies and other insects. The use of D.D.T. has largely replaced Cyanide, and has become the standard method for house disinfestation and for the disinfestation of premises generally. It has been found convenient, according to the circumstances, to apply the D.D.T. either by spraying, in the form of an emulsion, or by distributing it, through a mechanical blower, as a powder containing 10 per cent. of D.D.T. A charge is made to the occupiers of the premises for these services. 452 premises were disinfested with D.D.T. during the year 1953, as follows : 167 Corporation Houses ; 28 other Corporation premises, including Schools, etc. ; 237 private houses ; and 20 miscellaneous premises, such as shops, warehouses, works' canteens, and hospitals, etc.

The use of Cyanide for disinfestation continued on a small scale. 280 families were removed to Corporation Housing Estates during the year, and their furniture and effects were disinfested by Cyanide in air-tight steel containers in order to eradicate bug infestation. The beds and bedding were treated by steam disinfestation.

Cleansing of Verminous Persons.—73 persons attended at the Disinfecting Station during the year for treatment for the eradication of vermin. A special disinfesting bath and cleansing treatment were given in all these cases, and the personal clothing and bedding were disinfested. The following statement shows the numbers of persons who attended at the Disinfecting Station for treatment during the previous five years.

Year.	Persons who attended for Treatment.									
1948	65
1949	61
1950	101
1951	164
1952	109

Testing of Drainage Systems.—424 smoke tests and 1,280 colour tests were applied during the year to drainage systems which were suspected of being defective. In certain instances, the staff of the City Engineer's Department collaborated with the Sanitary Inspectors in these tests. Where drains were found to be defective, the Sanitary Inspectors supervised the works of repair or reconstruction. 633 water tests were applied to ascertain whether drains which had been relaid were satisfactory.

Closet Accommodation.—The schemes for the conversion of privies into water closets, for the provision of one water closet for each house in the City, and for the substitution of pail, trough and waste-water closets by pedestal water closets, virtually reached the completion stage some years ago. In the year 1953, five privies, one slop closet and two pail closets were converted into pedestal waterclosets. At the end of the year, 162 privies and 133 pail closets remained to be dealt with. These are isolated ones, situated mostly in semi-rural districts where it has not been practicable to provide water closets owing to the fact that sewers or water are not reasonably available.

Houses Let-in-Lodgings.—The Sanitary Inspectors, in collaboration with the Health Visitors, visited houses let-in-lodgings in the City periodically during the year, with a view to remedying defects which were found and ensuring that there was compliance with the bye-laws.

Factories.—The following table gives particulars of the inspections made during the year under Part I of the Factories Act, 1937, and an analysis of the defects which were found, with particulars of the action taken.

TABLE XXVIII.—*Inspections under the Factories Acts, 1937 and 1948.*

1.—**Inspections** for purposes of provisions as to health.

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories WITHOUT MECHANICAL POWER in which Sections 1, 2, 3, 4 and 6 are to be enforced	294	70	12	—
(ii) Factories not included in (i) to which Section 7 applies :—				
(a) WITHOUT MECHANICAL POWER, but enforcement of Sections 1, 2, 3, 4 and 6 by Local Authorities revoked by the Local Authorities (Transfer of Enforcement) Order, 1938	3	10	—	—
(b) Others—i.e., factories WITH MECHANICAL POWER	3,117	1,298	108	—
(iii) Other Premises under the Act (excluding out-workers' premises) ..	46	39	1	—
TOTALS	3,460	1,417	121	—

2.—Cases in which defects were found.

Particulars (1)	Number of cases in which defects were				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	11	7	—	9	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) ..	1	1	—	—	—
Ineffective drainage of floors (S.6) ..	1	1	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	16	7	1	5	—
(b) Unsuitable or defective ..	123	92	3	33	—
(c) Not separate for sexes ..	1	2	—	—	—
Other offences (not including offences relating to Homework)	6	6	1	—	—
TOTALS	159	116	5	47	—

During the year 1953, no outworkers were notified under Part VIII of the Act, which relates to certain work carried out at home by outworkers.

Shops Act, 1950.—Section 38 of the Shops Act, 1950, concerns the health and comfort of employees in wholesale and retail shops and warehouses, or in connection with wholesale or retail trade or business. The section deals particularly with : the ventilation, heating and lighting of these premises ; the facilities for taking meals and for washing ; and the facilities as to sanitary conveniences. As a result of action taken under this section during the year, there were 13 instances where the owners of the premises, who were not complying in all respects with the provisions of Section 38, took the necessary remedial measures.

Preserved Food—Preparation or Manufacture.—During the year there were 11 new applications received for registration of premises under this heading, and registration was granted in each case. Four establishments ceased business during the year.

Ice Cream—Sale, Manufacture, etc.—Premises which are used for these trades must be registered under Section 14 of the Food and Drugs Act, 1938. During the year 1953, 128 premises were registered for the sale only or storage of ice cream. Certain premises ceased to be used for the purpose for which they had been registered ; of these, five had been registered for the manufacture for sale of ice cream and seven for the sale only of ice cream.

The Food and Drugs Acts, 1938 to 1950.

The Milk and Dairies Regulations, 1949 and 1950.

At 31st December, 1953, the total numbers on the Register were as follows :—

Milk Distributors residing inside the City	872
Milk Distributors residing outside the City	36
Dairy Premises	91

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The Milk (Special Designation) (Raw Milk) Regulations, 1949.

At 31st December, 1953, the following licences had been granted for the year :

Dealers Pasteurisers' Licences	6
Dealers Sterilisers' Licence	1
Dealers Pasteurisers' Licence to pasteurise tuberculin tested milk ..	4
Licences to use the Special Designation " Pasteurised "	310
Licences to use the Special Designation " Sterilised "	877
Licences to use the Special Designation " Tuberculin tested "	222
Supplementary Licence to use the Special Designation " Pasteurised " ..	92
Supplementary Licence to use the Special Designation " Sterilised " ..	5
Supplementary Licence to use the Special Designation " Tuberculin tested " ..	90

Fish Friers' Premises.—At the end of 1953, there were 404 fish friers' premises in the City. There were five new applications for registration during the year, and after investigation registration was granted in each case.

Offensive Trades.—New bye-laws in connection with Offensive Trades came into operation on 1st October, 1950. There were nine premises on the Register of Offensive Trades at the end of the year ; these were : two for Rag Washing, two for Fat Melting and Tripe Boiling, and one each for Rag and Bone Dealing, Fat and Bone Collecting, Tripe Boiling, Bone Boiling and Tallow Melting. All these premises were periodically visited by the Sanitary Inspectors, to ensure that there was compliance with the bye-laws.

Rag Flock and Other Filling Materials Act, 1951.—This Act came into operation on 1st November, 1951. The purpose of the Act is to secure the use of clean filling materials in upholstery, bedding, toys, etc., by imposing controls at the following stages : (i) the manufacture of the filling material ; (ii) its storage ; (iii) its sale ; (iv) its use for filling upholstery, etc., and (v) the sale of the completed article.

Before the Act came into operation there were 21 premises in the City used chiefly as Upholsterers' and Bedding Manufacturers' establishments. There were no premises where rag flocks were manufactured.

Since the new Act became operative, 18 premises have been registered under Section 2 for the use of filling materials specified in the Act, but no licences have been issued in respect of premises for the manufacture or storage of rag flock.

Pet Animals Act, 1951.—The Act became operative on 1st April, 1952 ; it provides for a system of licensing and inspection by local authorities of pet shops, the main purpose being the enforcement of the Protection of Animals Acts in their application to the business of selling pets.

At 31st December, 1953, 38 licences had been granted and eight pet shops had ceased business. A total of 98 visits was made by the Sanitary Inspectors.

Canal Boats.—There were no registrations of canal boats in the City during 1953. The Canal Boats Inspectors made 99 inspections of boats during the year, the object being to ensure that there was compliance with the requirements of the Public Health Act, 1936. There were altogether 187 persons living on board the boats at the time of the inspections, and these persons were in the following age groups : two in the group of children under five years ; one in the group of between five and 14 years ; and 184 over 14 years, of whom 175 were males and nine females. The average number of occupants per boat was 1·89. Except during school holiday periods, a report is sent to the Director of Education whenever a boat is found to have a child of school age on board on arrival in the City.

23 infringements were found, relating to 18 inspections of the boats. All necessary measures were taken in regard to these infringements, and it was not necessary to institute any legal proceedings during the year.

There were no cases of infectious disease upon any of the canal boats in the City, and it was not necessary to detain any boats for cleansing or disinfection.

Summary of Visits, etc., of Sanitary Inspectors.—In the table below are given, in summarised form, particulars of the visits and general work of the staff of Sanitary Inspectors in the year 1953 :—

TABLE XXIX.—*Summary of the Work of the Sanitary Inspectors during the year 1953.*

1.	Dwelling-houses affected by nuisances—								
	(a) Number of Houses	..	..	..	..	..	..	11,277	
	(b) Number of Inspections	..	..	..	..	..	..	7,506	
2.	Number of Smoke Tests applied to Drains	..	..	..	..	..	..	424	
3.	Number of Water Tests applied to Drains	..	..	..	..	..	..	633	
4.	Number of Colour Tests applied to Drains	..	..	..	..	..	..	1,280	
5.	Visits to Work in progress	..	..	..	..	..	..	5,101	
6.	Miscellaneous Visits	..	..	..	..	..	..	35,550	
7.	Interviews with Owners or Representatives	..	..	..	..	..	..	1,685	
8.	Dwelling-houses where Nuisances abated	..	..	..	..	..	..	9,335	
9.	Paving Works supervised	..	..	..	..	..	..	221	
10.	Visits for Infectious or other notifiable Diseases	..	..	..	..	..	..	9,032	
11.	Visits <i>re</i> Overcrowding	..	..	..	..	..	..	489	
12.	Visits for Disinfection of Premises	..	..	..	..	..	..	16	
13.	Visits to Premises <i>re</i> Vermin	..	..	..	..	..	..	5,213	
14.	Visits to Nurseries	..	..	..	..	..	..	37	
15.	Visits to Dairies	..	..	..	..	..	..	189	
16.	Visits <i>re</i> Offensive Trades	..	..	..	..	..	..	35	
17.	Visits to Fried Fish Shops	..	..	..	..	..	..	389	
18.	Visits to Ice Cream Premises	..	..	..	..	..	..	344	
19.	Visits to Bakehouses	..	..	..	..	..	..	354	
20.	Visits to other Food Preparing Premises	..	..	..	..	..	..	2,026	
21.	Visits <i>re</i> Shops Acts	..	..	..	..	..	..	920	
22.	Visits to Workplaces	..	..	..	..	..	..	31	
23.	Rag Flock Acts—Number of Premises Visited	..	..	..	..	..	..	25	
24.	Notices served—								
	(a) Statutory	..	..	..	..	..	..	2,279	
	(b) Informal	..	..	..	..	..	..	5,621	
25.	Number of Cases in which Legal Proceedings taken	..	..	..	..	..	..	3	
26.	Visits <i>re</i> Diseases of Animals Acts	..	..	..	..	..	..	968	
27.	Visits <i>re</i> Rats and Mice Infestation	..	..	..	..	..	..	821	
28.	Visits <i>re</i> Common Lodging Houses and Houses Let-in-Lodgings	..	..	..	..	..	..	147	
29.	Visits <i>re</i> Pet Animals Act	..	..	..	..	..	..	98	
30.	Visits <i>re</i> Live Poultry (Restrictions) Order, 1952	..	..	..	..	..	..	97	
31.	Visits <i>re</i> Food Poisoning	..	..	..	..	..	..	594	
32.	Number of Deposited Plans Inspected	..	..	..	..	..	..	1,852	
33.	<i>Re</i> Properties, etc.—Number of Town Clerk's Property Enquiries dealt with	..	..	..	..	..	..	4,276	
34.	Public Health Act, 1936, Section 23—								
	(a) Number of Public Sewers cleansed (from August, 1953)	..	..	..	..	..	..	33	
	(b) Number of Houses affected	..	..	..	..	..	..	187	

The following report has been furnished by the General Manager and Engineer of the Sheffield Corporation Waterworks, whose continued assistance and close co-operation have been much appreciated.

Water Supply.—"The water supply provided by the Corporation to the City and District, and bulk supplies to outside Authorities, have been satisfactory both in quality and quantity. There was no curtailment at any time during the year.

All Sheffield's water comes from moorland gathering grounds within a radius of 15 miles of the City centre. It is filtered and chlorinated at the source, and requires the addition of lime to prevent plumbo-solvent action. The lime dosage ensures an average permanent hardness of 33 parts per million, and a total hardness of 48. The average pH value is 8.5.

The number of samples of drinking water examined in the laboratory bacteriologically during the year ended 31st December, 1953 was 2,108. Of this number, 2,073 (98.3 per cent.) were free from coliform organisms in 100 mls. and 2,099 (99.6 per cent.) were free from Bact. Coli, type 1 (an organism whose natural habitat is the human or animal intestine, and which is an indicator of excretal pollution of water), in 100 mls.

The number of samples taken from consumers' taps during the year and examined bacteriologically was 883. Of these, 867 (98.2 per cent.) were free from coliform organisms and 879 (99.5 per cent.) contained no Bact. Coli, type 1, in 100 mls.

171 samples taken from consumers' taps were examined for lead. Of these, 141 (82.0 per cent.) contained no lead. Of the 30 samples showing detectable traces of lead, 29 were from three taps. The quantity of lead found varied from very slight traces (less than 0.01 ppm) up to 0.10 ppm as Pb.

As a first line of defence, the Undertaking exercises sanitary control over the entire watershed, by prohibiting developments which might contaminate the reservoir feeders, and by removing or sterilising night soil from every dwelling on the gathering grounds.

The number of dwelling-houses supplied direct was 170,483. No houses within the Sheffield area are supplied by standpipe. The population supplied direct was 545,120, and indirectly (*via* bulk supplies) 211,655."

Rodent Control.—The Rodent Control service commenced on 10th April, 1944, being instituted as the result of responsibilities which devolved upon the Public Health Department under the Infestation Order, 1943. The Service is now operating under the Prevention of Damage by Pests Act, 1949, which came into force on the 31st March, 1950.

There were eight Rodent Operatives employed in this service in 1953, and the service was in the charge of a Sanitary Inspector seconded to the position of Rodent Officer.

The services of the Rodent Operatives are made available upon application by the occupiers of infested premises, payment being upon a cost basis laid down by the Corporation. All premises in regard to which there are complaints of infestation by rats or mice are in the first instance visited by the staff of Sanitary Inspectors.

In the statement below are given the numbers of applications for the services of the Rodent Operatives which were dealt with in the years 1951 to 1953, together with the numbers of baiting points laid and the estimated numbers of rats and mice exterminated. The demand for these services has been maintained during 1953, and an increased number of baiting points continue to be laid.

Services Rendered.					Year 1951	Year 1952	Year 1953
Number of applications dealt with (Rat Infestation)	..				751	664	690
Number of applications dealt with (Mice Infestation)	..				1,254	1,654	1,715
Number of baiting points laid	..	..	..	..	36,045	36,600	37,600
Estimated number of rats exterminated	..	..	..		8,900	9,500	8,800
Estimated number of mice exterminated	..	..	..		50,800	56,000	54,000

Sewer Disinfestation.—The scheme, which commenced on 7th May, 1945, for the disinfestation of the sewers, rivers and culverts of the City, continued in the year 1953. This work is undertaken by a staff of six operatives forming part of the Rodent Control service of the Public Health Department whilst engaged upon the work.

At the commencement of the scheme, in 1945, plans were formulated to deal initially with infestations in the central areas of the City and then to expand outwards so as to systematically treat the whole of the old built-up areas of the City.

The Ministry of Agriculture and Fisheries' procedure regarding the methods of pre-baiting and poisoning is adhered to throughout in this work. The disinfestation of sewers comprises what is known as an initial treatment, followed by maintenance treatments of a similar kind at six-monthly intervals. The sewers in the outlying areas of the City, including the newer Corporation housing estates, receive a "Pilot" test annually; that is to say, one in every ten sewer manholes is pre-baited, and those showing evidence of infestation are included in a full-scale treatment area.

The twelfth maintenance treatment was completed during the year 1953, this being followed by a "Pilot" testing of the whole of the outlying areas of the City. In this test, which was applied at some 8,510 man-holes, only 27 "takes" were recorded. These small areas of infestation then received full-scale treatments. In addition, the thirteenth maintenance treatment was carried out during the year, and also part of the fourteenth maintenance treatment.

The number of man-holes baited and points laid in river culverts and on river banks during the year totalled 13,400 and the estimated number of rats killed totalled 16,200.

Arsenious oxide and zinc phosphide are still the standard poisons used in disinfestation work. Red squill is a useful substitute where extreme care is necessary against children or domestic animals. "Antu", (alpha-naphthyl-thio-urea) has been used in the more obstinate cases, but exceptionally high toxicity limits its use. The recently introduced "Warfarin," a blood anti-coagulant, has proved most efficient, especially in obstinate cases, and since it is the first "direct" poison introduced, that is, where pre-baiting and subsequent poison recovery is unnecessary, its use is being greatly extended in both rat and mouse disinfestation work.

Details of work carried out during the year are given in the statements below.

COMPLETION OF TWELFTH MAINTENANCE TREATMENT—YEAR 1953.

Areas treated	Number of manholes baited or points laid	Number of complete and partial “ takes ” recorded	Estimated number of rats killed
Sewer manholes	1,985	183	1,700
Four areas from “ Pilot ” test	177	28	280
TOTALS	2,162	211	1,980

THIRTEENTH MAINTENANCE TREATMENT—YEAR 1953.

Areas treated	Number of manholes baited or points laid	Number of complete and partial “ takes ” recorded	Estimated number of rats killed
Sewer manholes	4,750	585	5,900
Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook, Shirebrook and Badley Brook	2,037	417	3,350
TOTALS	6,787	1,002	9,250

PART OF FOURTEENTH MAINTENANCE TREATMENT—YEAR 1953.

Areas treated	Number of manholes baited or points laid	Number of complete and partial “ takes ” recorded	Estimated number of rats killed
Sewer manholes	2,360	407	3,300
Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook, Shirebrook and Badley Brook	1,917	354	2,800
TOTALS	4,277	761	6,100

SMOKE ABATEMENT.

The Sheffield, Rotherham and District Smoke Abatement Committee, a Regional Committee with full statutory powers for Smoke Abatement, has responsibility in regard to the five administrative areas of the City of Sheffield, the County Borough of Rotherham, the Urban Districts of Rawmarsh and Stocksbridge, and Rotherham Rural District. This Committee is the only statutory committee of its kind in the country, other regional committees for smoke abatement acting only in an advisory capacity.

The activities of the Committee in the year 1953, so far as they relate to the City of Sheffield, are briefly outlined below :—

Action under the Public Health Act, 1936.—Systematic observations of all industrial chimneys continued throughout the year, and much work was carried out in advising manufacturers and boiler-firemen on improved methods of working. The following are the details of the work done by the Smoke Inspectors in the City during the year 1953 :—

Number of chimneys observed (half hour observations)	..	..	5,296
Number of minutes smoke emitted	..	..	7,591
Average minutes of smoke emission per half hour	..	..	1.4
Number of Abatement Notices served	..	..	218
Number of Intimation Notices served	..	..	311
Number of Advisory Visits	..	..	637
Number of complaints dealt with	..	..	167
Prosecutions	..	..	7

From the above statement it will be noted that the average of the minutes of smoke emitted per half hour from the observations of chimneys in the year 1953 was 1.4 minutes. This average is much less than that shown in the previous year and was the lowest since the pre-war year of 1938, when the average emission was also 1.4 minutes per half hour.

Thirty-three cases of undue emission of smoke were reported to the Committee, and legal proceedings were instituted in seven cases. In two cases, Magistrates' Orders to abate the nuisance were obtained, a penalty of £10 being also imposed in one of these cases, and in a further case a penalty of £10 was imposed for a two days non-compliance with a Magistrate's Order to abate the nuisance. In the remaining four cases, applications for Magistrates' Orders were withdrawn on the completion of the necessary work to abate the nuisance.

It should be noted that the number of complaints received during the year rose from 87 in 1952 to 167 in 1953. Some of these complaints were an indirect result of the national propaganda which had taken place, following the severe fog experienced in London during the previous December. Many of the complaints received were of a trivial nature and many arose out of the indiscriminate burning of industrial waste and garden refuse. They occupied a considerable amount of time in carrying out investigation and observation.

Atmospheric Pollution.—The recording of atmospheric pollution was continued during the year. The additional sulphur recording gauges which had been installed at Penrith Road and Musgrave Road were afterward found to be duplicated by similarly sited gauges under the control of the British Electricity Authority. The former gauges were moved to a new housing site in the Park District, where large blocks of tenement buildings for rehousing are contemplated and where it was thought essential to obtain pollution records. A standard deposit gauge and a volumetric smoke and sulphur gauge were also installed in this area.

In the table which follows are given the averages of the monthly deposits of solid matter at the three fixed collecting stations in the five years 1949 to 1953, together with the highest monthly deposit at each station in those years.

TABLE XXX.—Solid Matter deposited at the fixed Sheffield Collecting Stations, during five years: 1949 to 1953.

YEAR	TONS OF SOLID MATTER DEPOSITED PER SQUARE MILE					
	ATTERCLIFFE		SURREY STREET		FULWOOD	
	Average Deposit per Month	Highest Monthly Deposit	Average Deposit per Month	Highest Monthly Deposit	Average Deposit per Month	Highest Monthly Deposit
1949	40.22	70.22	25.93	32.52	13.03	19.28
1950	35.83	52.96	23.85	38.11	11.31	19.20
1951	34.85	47.62	24.14	41.83	13.51	22.52
1952	36.09	47.97	23.97	35.35	12.42	18.74
1953	35.97	61.28	21.48	36.26	9.56	16.07

It will be noted that the pollution record at Attercliffe has shown little change for the past four years. In contrast to this, the gauge in the City centre shows an improvement, whilst the gauge at Fulwood on the West side of the City also shows a marked reduction of deposit.

The table below summarises the monthly records of solid matter deposited per square mile in the year 1953 at the six stations at which there were gauges for the measurement of atmospheric pollution :—

TABLE XXXI.—*Solid matter deposited at the Sheffield Collecting Stations during the year 1953.*

MONTH	TONS PER SQUARE MILE					
	Attercliffe	Fulwood	Firth Park	Wincobank Sewage Works	Surrey Street	Devonshire Street
January	32·59	5·91	10·93	24·56	19·39	15·19
February	56·30	10·95	10·36	14·24	21·03	23·58
March	37·51	16·07	26·88	27·88	36·26	36·15
April	18·05	11·78	*	17·86	27·39	27·22
May	*	9·22	18·47	16·20	26·65	24·56
June	45·38	7·24	10·53	14·27	14·60	20·21
July	32·10	9·94	12·40	19·71	22·15	13·81
August	29·18	6·31	11·43	15·80	14·43	12·09
September	32·98	6·23	11·93	18·65	16·80	11·49
October	34·77	9·19	14·55	25·56	22·11	19·17
November	15·56	7·53	11·40	19·78	16·17	10·51
December	61·28	15·31	*	23·33	20·82	15·67
TOTALS	395·70	115·68	138·88	237·84	257·80	229·65
Averages	35·97	9·64	13·89	19·82	21·48	19·14

* Record not available.

Sulphur Determination.—Daily averages for determining the quantity of sulphur in the atmosphere were taken by the lead peroxide method at twelve stations during the year.

Of particular interest are the high seasonal peaks during the winter months, when the heavy, humid atmosphere causes the sulphur content to remain suspended in the atmosphere. It has been noted that an abnormal wind direction gives rise to a high sulphur concentration on occasion.

The daily averages of the number of milligrammes of sulphur per 100 square centimetres of surface area, as recorded during the five years 1949–53, at seven stations, were as follows :—

TABLE XXXII.—*Sulphur determination by the Lead Peroxide method at seven Sheffield Stations, five years : 1949–53.*

YEAR	DAILY AVERAGE MILLIGRAMMES OF SO ₂ PER 100 SQUARE CENTIMETRES						
	Attercliffe	Bessemer Road	Fulwood	Firth Park	Surrey Street	Wincobank	Devonshire Street
1949	4·89	15·22	1·14	2·96	3·05	4·16	2·04
1950	3·67	9·57	1·01	2·61	2·71	3·37	1·76
1951	4·77	14·02	1·04	2·89	3·13	4·01	2·02
1952	3·91	6·20	1·03	2·38	2·64	2·85	2·19
1953	4·59	11·27	0·71	3·06	2·95	4·28	3·03

The daily averages of the number of milligrammes of sulphur per 100 square centimetres of surface area recorded in 1953 were as follows :—

TABLE XXXIII.—*Sulphur determination by the Lead Peroxide Method at the twelve Sheffield Stations during the year 1953.*

MILLIGRAMMES PER 100 SQUARE CENTIMETRES PER DAY.													
MONTH	Atter-cliffe	Besse-mer Road	Fulwood	Devon-shire Street	Firth Park	Surrey Street	Winco-bank Sewage Works	Jordan Locks	Tinsley	Winco-bank	Penrith Road	Mus-grave Road	
January	4·18	3·39	1·01	3·66	3·09	3·09	3·52	3·95	3·61	3·06	1·67	2·76	
February	3·15	7·65	0·89	3·48	3·65	3·29	3·35	2·48	3·05	2·71	1·72	2·57	
March	3·95	3·97	1·18	3·34	3·11	3·58	3·53	2·48	2·80	2·66	2·04	4·48	
April	3·76	8·04	0·80	2·42	2·31	2·73	2·71	1·88	2·59	2·51	1·64	2·28	
May	4·30	5·05	0·64	1·36	1·63	1·54	2·12	1·33	1·67	1·76	1·54	1·55	
June	4·84	16·63	0·69	2·34	2·36	2·81	4·49	1·73	1·98	1·88	1·25	1·58	
July	4·29	12·02	0·33	1·60	1·68	1·72	4·98	2·52	5·60	3·33	2·02	2·69	
August	4·05	15·73	0·29	1·76	1·89	1·58	3·71	2·07	3·27	2·52	1·70	1·94	
September	5·17	16·58	0·42	2·31	3·11	2·36	5·33	3·14	5·32	3·29	2·28	3·02	
October	5·87	14·20	0·53	4·68	4·87	4·32	5·25	3·31	4·04	2·95	2·91	2·83	
November	5·68	16·30	0·65	4·42	4·53	3·84	6·98	4·12	6·73	5·74	4·16	4·69	
December	5·89	15·72	1·05	4·95	4·48	4·61	5·43	3·35	3·75	3·67	—	—	
TOTALS	55·13	135·28	8·48	36·32	36·71	35·47	51·40	32·36	44·41	36·08	22·93	30·39	
Daily Average	4·59	11·27	0·71	3·03	3·06	2·96	4·28	2·69	3·70	3·01	2·08	2·76	

Additional records by the volumetric method were taken at Surrey Street, Beet Street and Attercliffe Stations and these showed, for the year 1953, a daily average of 0·13 parts of sulphur per million parts of the atmosphere.

Industrial Pollution.—The year under review shows a steady improvement in conditions without any spectacular incidents to report. Re-construction work is in progress at many of the works, both large and small. For the first time since 1938 the average emission of smoke per half hour observation was reduced to 1·4 minutes per emission, the previous year showing an average of 1·9 minutes.

These figures relate to the emission of visible smoke, but this is perhaps somewhat misleading, for, with modern methods of steel production and mechanical firing of boilers and furnaces, there is a tendency to deposit grit and gritty particles in the atmosphere and, in addition, an amount of invisible impurity from the material being refined is discharged in a similar manner. These last mentioned emissions, although of a noxious character, will not be classified as visible smoke.

This may be illustrated in a comparison with the amount of solid matter deposited in the City, particularly on the industrial side. It will be seen that, whereas the average smoke emission has been reduced, there is no marked corresponding reduction in the amount of solid matter deposited.

The use of oxygen in the refining of steel continues to increase and causes much anxiety because of the fume and dust deposit it creates. The manufacturers concerned are not disposed to install arrestment appliances to these processes because of the heavy cost involved from which there is no financial return.

Research Work.—During the year the research work carried out for the Smoke Abatement Committee by the University of Sheffield was continued.

Professor R. J. Sarjant, O.B.E., D.Sc., who directed this work has retired, and has been succeeded by Professor M. W. Thring, M.A., F.I.P., F.I.F.

A special report was issued by Professor Sarjant during the year on the methods of investigating smoke nuisance from metallurgical furnaces, with particular emphasis on low temperature work. His conclusions can be quoted with interest as follows :—

“ The smoke problem is due to two main causes,

(1) The use of old-fashioned appliances and outmoded techniques, for which there may be no valid scientific reason, and

(2) the lack of application of existing knowledge either from lack of interest or ignorance. The second cause is a sociological problem. To some degree there are special technical problems remaining to be solved, but they are not the cause of the bulk of the industrial smoke produced.

Where economic considerations and the nature of the scale permit, a solution of the problem may be found in the installation of mechanical firing or conversion to gas firing. The heating up of a cold furnace with coal requires the application of new types of appliance in which the combustion of the gases is completed, before the products enter the cold chamber.

The conclusions resulting from this research are in a very wide measure applicable to other forms of industrial as well as domestic firing. The technical details will be assembled in a series of technical papers to be presented to the appropriate scientific societies.”

Domestic Smoke.—In 1951, the Ministry of Housing and Local Government requested that, when building licences were issued for dwellinghouses, only approved type fireplaces should be installed, and though these conditions have been adhered to, this has little or no bearing on the pollution caused by the existing 150,000 fireplaces within the City.

The new approved type fireplaces are essentially coke burning appliances and, if used in this manner, will make a valuable contribution towards a cleaner atmosphere, as well as effecting considerable fuel economy.

It is noted with regret that many of the users of these approved type fireplaces continue to burn bituminous coal, with the resulting unnecessary pollution of the atmosphere.

Town Planning and Prior Approval.—Since June, 1946, a period of seven and a half years, all plans of fuel burning appliances to be installed in the City have been scrutinised by this Department, and this part of the work is considered an important aspect of smoke prevention rather than smoke abatement.

The use of electricity and gas, particularly in the central and residential areas, was extended to some extent as supplies became increasingly available, and much of the embarrassment previously caused ceased to exist.

During the year, 1,007 plans were examined and the necessary types of fuel burning appliances were agreed upon.

A special survey of the Central Area was carried out with the object of ascertaining the possibility of declaring some part of it as a Smokeless Zone, but it was found quite impracticable at the present time to put such a scheme into operation, owing to the fact that, although 30 per cent. of the premises were smokeless and a further 26 per cent. could be made smokeless without incurring heavy expenditure, the remaining 44 per cent. were premises where process working is carried out involving the use of bituminous coal.

Fuel Supplies.—The difficulty of obtaining adequate and suitable supplies of fuel, for all the varied processes in the City, eased very considerably during the year and, for the first time since 1939, supplies of gas were available for space heating, in the re-development of the Central Area.

Manufacturers were also able to obtain better supplies and, as a result, some improvement in atmospheric pollution has been noted.

Unfortunately, the use of “ Nutty Slack ” was advocated for extended use and particularly “ all night burning ” in domestic fireplaces, which is a matter for regret, as this will undoubtedly cause a considerable increase in atmospheric pollution if it is used to any extent.

Instructional Work.—As fuel burning appliances in industry are rapidly becoming mechanised, it is important that all stokers and furnacemen should have a full knowledge of such appliances and their operation. In this respect the City and Guilds of London Institute have agreed to hold examinations both written and oral and to issue a National Certificate if the candidate shows sufficient knowledge of the subject. The first of these examinations took place in 1954 and will be held annually.

Sheffield has had classes of this nature in operation for the past twenty years and has advocated the holding of examinations and the issuing of a National Certificate, though previously only a local certificate was obtainable. During the winter months, 56 students enrolled, and 24 students took the new examination for the National Certificate.

HOUSING

It has been stated in earlier Reports that the progress of the Slum Clearance Scheme was halted upon the outbreak of War in 1939, in accordance with the directions of the Ministry of Health. Certain information is recorded in this Report of action taken in regard to the demolition of dwelling-houses which took place in the year 1953—these being mostly condemned houses, the demolition of which had been delayed owing to the general housing shortage, but which had become in such a dangerous state, structurally, or from the health point of view, as to render their demolition an urgent matter. The last of the rehousing of displaced tenants under the Slum Clearance Scheme proper was in the year 1940, but in the year under review there were a few families who were transferred to houses on Corporation Estates from houses which had been scheduled for demolition prior to the War.

Demolition of Houses.—60 houses which were in Slum Clearance Areas were demolished or rendered unusable as dwelling-houses in the year 1953. There were also 17 individual unfit houses demolished during the year as a result of demolition orders.

Overcrowding.—It will be realised that, in the long period which has passed since the Official Survey of Overcrowding was undertaken as required by the provisions of the Housing Act, 1935, it has not been physically possible to keep abreast of all the movements of the population of the City so as to incorporate these into an up-to-date picture of the position in regard to overcrowding, and at best the information given here can only be an approximate figure. A reasonably accurate record of movements from and into Corporation houses either by new lettings, re-lettings, or mutual exchanges is kept, but obviously there must be a fairly large number of movements of sub-tenants and lodgers in and out of Corporation houses and private houses which are unknown to this Department. Further, mutual exchanges take place between tenants of private houses and this Department is not notified of these. It must, therefore, be emphasised that until another Official Survey is undertaken the information can only be approximate.

The following summary shows how information relating to overcrowding existing at 31st December, 1953, has been obtained during the period 1936-1953. It does not include cases known to have been relieved during that period :—

Source of Information.	No. of dwellings.	No. of families.	Equivalent No. of Persons.
Discovered at 1936 Survey	1,929	2,106	11,409½
Discovered by sanitary inspectors during normal course of duties and by personal complaint to the Department	1,152	1,833	7,535½
TOTALS	3,081	3,939	18,945

Erection of Dwelling-houses.—The City Engineer has furnished information relating to the building of dwelling-houses in the City.

532 new dwelling-houses were erected during the year 1953, and, in addition to this figure, 27 additional housing units were provided by the conversion of existing buildings into flats, or by new flats. The corresponding figures for the year 1952 were : 838 new dwelling-houses erected and 59 additional housing units provided. During the year, 1,859 new dwelling-houses and flats were erected on Corporation Estates outside the City Boundary.

The approximate total number of houses on the Rate Books at 31st December, 1953, was 155,649.

Inspection of Dwelling-houses.—All inspections of dwellinghouses for housing defects, under the Public Health or Housing Acts, are made by the staff of Sanitary Inspectors and 11,456 houses were inspected during the year 1953. 7,998 houses, at which there had been defects, were rendered fit during the year as a result of informal action taken by the Department. Notices were served under the Public Health Act, 1936, as regards 3,823 houses, requiring defects to be remedied.

Tables of Housing Statistics.—As a conclusion to this section of the Report there are given certain tables of Housing Statistics. These are Table XXXIV, being general statistics in regard to Housing, and Tables XXXV and XXXVI which relate to action which was taken under the Housing Acts in 1953 and in past years, in regard to unfit houses in clearance areas and individual unfit houses respectively. Although there has been comparatively little to add to these tables since 1939, they are reprinted in order to preserve the continuity of the Housing Records.

TABLE XXXIV.—*Housing Statistics of the year 1953.*

1. Inspection of dwelling-houses during the year :—		
(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	11,456	
(b) Number of Inspections made for the purpose	*8,190	
(2) (a) Number of dwelling-houses (included under (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	—	
(b) Number of Inspections made for the purpose	—	
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	16	
(4) Number of dwelling-houses (exclusive of those referred to under (3) above) found not to be in all respects reasonably fit for human habitation	—	
2. Remedy of defects during the year without service of formal notices :—		
Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers	7,998	
3. Action under Statutory Powers during the year :—		
(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—		
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	—	
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—		
(a) By owners	—	
(b) By local authority in default of owners	—	
(b) Proceedings under Public Health Acts :—		
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	3,823	
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—		
(a) By owners	2,000	
(b) By local authority in default of owners	—	
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—		
(1) Number of dwelling-houses in respect of which Demolition Orders were made	16	
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	17	
(d) Proceedings under Section 12 of the Housing Act, 1936 :—		
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	2	
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—	
4. Housing Act, 1936—Part IV—Overcrowding :—		
(a) (i) Number of dwellings overcrowded at the end of the year	3,081	
(ii) Number of families dwelling therein	3,939	
(iii) Number of persons dwelling therein (equivalent Number)	18,945	
(b) Number of new cases of overcrowding reported during the year	138	
(c) (i) Number of cases of overcrowding relieved during the year	134	
(ii) Number of persons concerned in such cases (equivalent Number)	564½	
(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the local authority have taken steps for the abatement of overcrowding	—	

* A proportion of these inspections relates to visits to blocks of houses affected by nuisances.

TABLE XXXV.—Housing Acts, 1930 and 1936.—Clearance Areas. Summary of Work Done.

YEAR	OFFICIAL REPRESENTATIONS MADE BY THE MEDICAL OFFICER OF HEALTH		PUBLIC INQUIRIES HELD BY MINISTRY OF HEALTH'S INSPECTORS							VACATION OF HOUSES AND RE-HOUSING OF DISPLACED TENANTS				No. of Houses Demolished or Abolished
	No. of Areas involved	No. of Houses Involved	No. of Areas for which Inquiries were held	Total No. of Houses involved	No. of Houses for which Orders were confirmed	No. of Houses changed from "Pink " to " Grey " on plan	No. of Houses Excluded from Orders	No. of Houses purchased by Corpor- ation for Demolition and for which Orders were rescinded	No. of Houses vacant when Orders made	No. of Houses from which displaced tenants were re-housed by the Corpora- tion	No. of Houses from which tenants found their own Accom- modation	Total No. of Houses vacated		
1930 (from 1st October) ...	17	394	—	—	—	—	—	—	—	—	—	—	—	
1931 ...	—	—	17	394	290	3	18	83	12	—	—	12	—	
1932 ...	7	435	7	435	—	—	—	—	5	298	32	335	88	
1933 ...	16	906	10	635	593	—	35	—	5	254	8	267	377	
1934 ...	67	3238	34	1636	1439	4	32	—	16	899	98	1013	857	
1935 ...	93	4558	67	3401	2437	19	38	—	17	764	23	804	776	
1936 ...	67	3239	65	3030	3730	2	86	—	40	1311	81	1432	1109	
1937 ...	125	5378	66	3232	2676	7	26	7	39	2087	136	2262	2101	
1938 ...	166	3908	40	3174	3995	4	32	—	41	2051	176	2268	2456	
1939 ...	65	752	105	2372	1207	6	15	—	45	1808	122	1975	1677	
1940 ...	—	—	—	—	—	—	—	—	—	469	24	493	195	
1941 ...	—	—	—	—	—	—	—	—	—	—	873	873	591	
1942 ...	—	—	—	—	—	—	—	—	—	—	—	—	291	
1943 ...	—	—	—	—	—	—	—	—	—	—	—	—	67	
1944 ...	—	—	—	—	—	—	—	—	—	—	—	—	144	
1945 ...	—	—	—	—	—	—	—	—	—	—	—	—	349	
1946 ...	—	—	—	—	—	—	—	—	—	18	—	18	103	
1947 ...	—	—	—	—	—	—	—	—	—	36	—	36	53	
1948 ...	—	—	—	—	—	—	—	—	—	36	—	36	91	
1949 ...	—	—	—	—	—	—	—	—	—	29	3	32	57	
1950 ...	—	—	—	—	—	—	—	—	—	4	7	11	28	
1951 ...	—	—	—	—	—	—	—	—	—	11	—	11	14	
1952 ...	—	—	—	—	—	—	—	—	—	52	2	54	21	
1953 ...	—	—	—	—	—	—	—	—	—	68	—	68	60	
TOTALS ...	623	22808	411	18309	16367	45	282	90	220	10195	1585	12000	11505	

TABLE XXXVI.—Housing Act, 1930—Section 19 } Individual Unfit Houses. Summary of Work Done.
Housing Act, 1936—Section 11 }

YEAR	OFFICIAL REPRESENTATIONS MADE BY THE MEDICAL OFFICER OF HEALTH					VACATION OF HOUSES AND REHOUSING OF DISPLACED PERSONS				NUMBER OF HOUSES ABOLISHED OR DEMOLISHED				REMARKS
	No. of Properties involved	No. of Houses involved	No. of Houses for which Representa- tions withdrawn	No. of Houses for which Demolition Orders made	No. of Houses for which Schemes accepted for converting to Works, etc.	No. of Houses from which Tenants have been rehoused by the Corpora- tion	No. of Houses from which Tenants have found their own Accom- modation	No. of Houses which were Vacant when Orders made or Schemes Accepted	Total No. of Houses Vacated	For which Schemes Completed for converting to Works, etc.	In compli- ance with Demolition Orders	After Representa- tion but without Demolition Order being made	TOTAL	
1930 (From 1st October only)...	17	48	9	—	—	—	—	—	—	—	—	—	—	—
1931 ...	47	230	1	206	21	—	1	—	1	—	—	—	—	—
1932 ...	13	52	—	52	6	110	52	6	168	7	98	7	112	
1933 ...	25	95	—	77	15	101	21	2	124	1	89	—	90	
1934 ...	49	151	2	98	28	100	24	5	129	23	154	10	187	
1935 ...	63	177	3	87	43	150	13	7	170	36	124	—	160	
1936 ...	57	398	3	335	58	162	13	15	190	32	74	1	107	
1937 ...	50	399	—	312	39	247	34	9	290	28	122	—	150	
1938 ...	37	427	—	134	38	351	19	14	384	21	354	—	375	
1939 ...	15	56	1	427	11	399	16	5	420	6	616	4	626	
1940 ...	1	12	—	12	—	17	3	—	20	5	18	3	26	
1941 ...	—	—	—	—	—	20	17	—	37	1	4	—	5	
1942 ...	—	—	—	—	—	—	—	—	—	2	2	—	4	
1943 ...	—	—	—	—	—	—	—	—	—	3	5	—	8	
1944 ...	—	—	—	—	—	—	—	—	—	—	4	—	4	
1945 ...	—	—	—	—	—	—	—	—	—	—	—	—	—	
1946 ...	—	—	—	—	—	1	—	—	1	32	4	—	36	
1947 ...	—	—	—	—	—	—	—	—	—	4	5	—	9	
1948 ...	1	1	—	1	—	1	—	1	2	3	2	—	5	
1949 ...	—	—	—	—	—	—	—	—	—	—	3	—	3	
1950 ...	—	—	—	—	—	1	—	—	1	—	2	—	2	
1951 ...	3	4	—	4	—	3	—	—	3	—	2	—	2	
1952 ...	2	11	—	12	—	12	—	—	12	—	8	—	8	
1953 ...	3	22	6	16	—	13	—	—	13	—	17	—	17	
TOTALS ...	383	2083	25	1773	259	1688	213	64	1965	204	1707	25	1936	

FOOD AND DRUGS

GENERAL FOOD INSPECTION.

Food supplies at wholesale fish and fruit markets, wholesale and retail provision and food stores, and retail markets were inspected regularly and the Food Inspectors made 10,139 visits to these premises during the year. Full use was made of the Kitchen Waste Plant of the Cleansing Department and the Meat Digester Plant at the Corporation Abattoir, and all condemned food which was found to be suitable for conversion into animal feeding stuffs or fertilisers was treated by one or other of these plants. The remaining condemned food was removed to the Corporation Destructor and destroyed. Close supervision was exercised over the 10 shops which retailed horseflesh in the City. All the horseflesh sold in the City had been passed as fit for human consumption and had been slaughtered at approved registered horse slaughterhouses. During the year, a Knacker's meat shop was opened in the City for the sale of knackers meat for feeding animals. Regular visits were made to this shop.

Visits made by the Food Inspectors.

Visits to markets and wholesale food premises	8,725
Visits to retail food shops	..	..	..	1,414
Visits to horseflesh and knackers meat shops	..	..	..	607

TABLE XXXVII.—General Food Inspection—Food condemned as unfit for human consumption during the year 1953.

Description	Quantity	Tons	Cwts.	Qrs.	Lbs.	Description	Quantity	Tons	Cwts.	Qrs.	Lbs.
Canned Goods ...	67,724 cans	—	—	—	—	Meat and Fish Paste ...	218 jars	—	—	—	—
Bacon and Ham	—	—	16	2	15½	Meat and Meat Products ...	—	9	7	1	8¼
Bakers' Sundries	—	—	—	2	10½	Milk (Dried) ...	—	—	—	2	15
Biscuits ...	—	—	1	3	11½	Milk Whipping Compound ...	7 cartons	—	—	—	—
Bread, Cakes and Pastry ...	—	—	6	1	4	Peanut Butter ...	—	—	—	—	½
Butter ...	—	—	—	—	5¾	Pickles and Sauces ...	976 jars	—	—	—	—
Cereals ...	—	—	3	3	15¾	Poultry and Game	—	1	9	—	7
Cheese ...	—	—	15	3	15¾	Preserves ...	—	1	15	1	9¾
Coconut (Desic'd)	—	—	4	3	18	Puddings ...	—	—	—	1	3½
Coconut Ice	—	—	2	3	18	Rabbits ...	—	5	5	3	27
Coffee ...	97 bottles	—	—	—	—	Rice ...	—	—	—	—	13
Cooking Fat	—	—	—	—	12¼	Salad Cream ...	23 jars	—	—	—	—
Custard Powder...	—	—	—	—	15¼	Shellfish ...	—	3	13	2	½
Egg (Dried) ...	—	—	—	—	½	Shellfish ...	54 jars	—	—	—	—
Egg (Liquid) ...	—	—	4	—	4	Soft Drinks ...	92 bottles	—	—	—	—
Eggs (Duck) ...	18	—	—	—	—	Sugar ...	—	—	3	1	4
Fish ...	—	10	16	1	1½	Sweets and Confectionery...	—	—	1	—	25½
Fishcakes	877	—	—	—	—	Synthetic Cream	80 jars	—	—	—	—
Flavouring ...	38 bottles	—	—	—	—	Synthetic Cream	—	—	—	—	9
Flour ...	—	—	5	1	7¾	Tea ...	—	—	—	—	22¼
Fruit ...	—	1	1	3	½	Vanilla	—	—	—	—	—
Fruit (Dried) ...	—	—	8	3	4¾	Flavouring ...	—	—	1	—	—
Ginger ...	—	—	—	—	5	Vegetables ...	—	—	7	2	15
Glace Cherries ...	—	—	—	3	26	Vegetables (Dried)	—	—	—	2	27¾
Gravy Powder ...	—	—	—	—	3½	Vita Cream ...	3 gallons	—	—	—	—
Ground Almonds	—	—	—	—	4½	Yeast ...	—	—	—	—	1¼
Horseflesh ...	—	—	4	—	6½	Sundry Articles	31 jars	—	—	—	—
Jellies ...	—	—	—	3	18						
Lard ...	—	—	—	—	8¾						
Lemonade Powder	—	—	—	—	2						
Margarine ...	—	—	—	—	20½						

The total weight of food condemned and destroyed was 80 tons 12 cwts. 3 qrs. 12½ lbs.

Meat Inspection.—Inspections were carried out at a private slaughterhouse as follows :—

Number of pigs inspected	Tons	Weight of meat and offal condemned and surrendered		
		cwts.	qrs.	lbs.
4,323	8	8	—	16

(For statistical purposes the above figures are included in the table giving the total number of animals slaughtered for sale for human food, which appears on page 146 of this report).

In addition to the above, 32 pigs, which were slaughtered on private premises because of suspected Swine Fever, were inspected.

Number of pigs inspected	Tons	Weight of meat and offal condemned and surrendered		
		Cwts.	qrs.	lbs.
32	—	2	1	23

SELF SUPPLIERS' PIGS.—226 pigs, which were slaughtered at private premises for consumption by their owners, were inspected and the details are as follows :—

Number of pigs inspected	Passed Fit	Tons	Weight of meat and offal condemned and surrendered		
			Cwts.	qrs.	lbs.
226	216	—	1	—	6

Total weight of all meat and offal condemned and surrendered as unfit for human consumption was 8 tons, 11 cwts., 2 qrs. and 17 lbs.

THE MILK SUPPLY.

The daily average consumption of milk in Sheffield during the year 1953 was 42,463 gallons. This represents 0·67 pints per head of population. In 1931, the daily average consumption of milk per head of population was only 0·34 pints ; in 1938 it had increased to 0·43 pints and it continued to show an upward trend until 1951, when the figure was 0·68 pints. In 1952 the consumption fell slightly to 0·66 pints.

The minimum standard for genuine milk, as laid down by the Sale of Milk Regulations, 1939, is 3 per cent. of milk fat and 8·5 per cent. of milk solids other than milk fat. During the year, the average quality of the 821 samples of milk procured in the City under the Food and Drugs Act, 1938, was 3·59 per cent. milk fat and 8·64 per cent. milk solids other than milk fat.

It will be of interest to relate briefly the various steps taken by the Inspectorate of the Food and Drugs Section to control and safeguard the City's milk supply. Statistical details of this work are given in the report of this Section's work. To ensure that the chemical quality of the milk sold in the City is up to standard, samples are taken daily from milk vendors as they deliver milk to the consumers' homes. When such milk samples prove to be unsatisfactory, either because of the addition of water or the abstraction or deficiency of milk fat, legal action may be taken against the vendor. Milk samples are also taken for bacteriological examination to determine whether milk is infected with disease ; if milk has been pasteurised or sterilised, that is to say adequately treated with heat to destroy pathogenic organisms, routine samples are taken at frequent intervals to make sure that such milks have been processed in an efficient manner. All milks of special designation, namely : Pasteurised Milk, Tuberculin Tested Pasteurised Milk, Sterilised Milk, Tuberculin Tested Milk and Accredited Milk, are sold subject to licence and must comply with the requirements of the Milk (Special Designation) Regulations, and numerous samples are taken to ensure the purity of these milks.

An important step forward in milk legislation was the coming into operation of the Milk and Dairies Regulations, 1949, on October 1st, 1949. These enactments gave Food and Drugs Authorities for the first time the power to require milk, suspected or known to contain the organisms of the tubercle bacillus, to be pasteurised. It was not necessary to use these powers during the year.

FOOD AND DRUGS ACT, 1938.

It will be seen from the table which follows that, of the 1,304 formal and informal samples of milk and other food commodities which were taken during the year, there were 65 or 4.98 per cent., which proved to be unsatisfactory.

TABLE XXXVIII.—*Results of analyses of samples taken under the Food and Drugs Act, 1938, during the year 1953.*

Article Sampled	Total	FORMAL		INFORMAL	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Milk	821	730	24	58	9
Apples... ..	3	—	—	3	—
Baking Powder	7	1	—	6	—
Beef Sausages and Sausage Meat	42	37	2	2	1
Beef Suet	7	1	—	5	1
Butter Drops	3	—	1	1	1
Cakes and Pastry	11	4	—	7	—
Coffee	5	—	—	5	—
Colact (cocoa beverage)	1	—	—	1	—
Cornflour	1	—	—	1	—
Cream	25	13	—	12	—
Dried Egg	1	—	—	1	—
Dried Bilberries	1	—	—	1	—
Dried Milk	1	—	—	1	—
Fruit Salad	2	—	—	2	—
Gelatine	2	—	—	1	1
Glace Cherries	8	—	—	8	—
Glucose	1	—	—	1	—
Golden Raising Powder	3	1	—	2	—
Ground Almonds	17	—	—	15	2
Ice Cream	95	89	6	—	—
Ice Cream Lollies	2	—	1	—	1
Ice Lollies	11	—	—	11	—
Lard	2	—	—	1	1
Lemonade Crystals	1	—	—	1	—
Malt Vinegar	8	2	1	4	1
Marzipan	1	—	—	1	—
Meat and Fish Products	46	26	3	16	1
Non-Brewed Condiment	6	1	—	5	—
Pikelets	1	—	—	1	—
Pineapple Juice (canned)	1	—	—	1	—
Pork Sausages	53	46	6	1	—
Potatoes	3	—	—	3	—
Preserves	30	1	—	29	—
Saccharin Tablets	1	—	—	1	—
Salad Cream	4	—	—	4	—
Sardines (canned)	1	—	—	1	—
Sauces	6	—	—	6	—
Self-Raising Flour	23	3	—	20	—
Soft Drinks	7	—	—	7	—
Spices, Flavourings and Condiments	20	—	—	20	—
Sweets and Confectionery	4	—	—	2	2
Synthetic Cream	5	—	—	5	—
Table Jelly	3	—	—	3	—
Tea	5	—	—	5	—
Tomato Ketchup	2	—	—	2	—
Tomatoes (canned)	1	—	—	1	—
TOTALS	1,304	955	44	284	21

The following statement gives particulars of the analysis of samples taken under the Food and Drugs Act, 1938, in the years 1939 to 1953 and shows, in regard to each year, the number of samples analysed and the number and percentage of the samples which were found to be unsatisfactory.

Year	Total samples submitted	Unsatisfactory	Percentage unsatisfactory
1939	1,264	56	4·43
1940	1,082	97	8·96
1941	1,064	117	10·98
1942	1,337	117	8·75
1943	1,228	117	9·53
1944	1,370	129	9·42
1945	1,341	97	7·23
1946	1,314	72	5·48
1947	827	71	8·59
1948	741	50	6·75
1949	1,183	144	12·17
1950	1,140	96	8·42
1951	1,125	74	6·57
1952	1,516	104	6·86
1953	1,304	65	4·98

The decrease in the number of samples taken in the years 1947 and 1948 was due to the fact that the staff of Food and Drugs Inspectors was depleted, owing to the difficulty in replacing qualified staff who left the service. In 1952 it was possible for the first time to take the number of samples, namely 3 per 1,000 of population, laid down as the desired minimum ; unfortunately staff shortages in 1953 reduced the number of samples taken.

During the year, in addition to the 1,304 samples of food submitted to the Public Analyst for analysis, 76 samples of milk were chemically examined by the Public Analyst, these being samples of milk supplied by farmers to a processing dairy.

The staff of Food and Drugs Inspectors similarly examined 302 samples of milk informally. The source of these latter samples was farmers' supplies to large pasteurising dairies and routine samples of milk retailed in the City. Where adulteration was detected the necessary formal follow-up samples were taken. In this way it was possible to bring successful proceedings against two dairy farmers whose milk contained added water.

Legal Proceedings.—The results of legal proceedings which were taken during the year for offences against the Food and Drugs Act, 1938, and which resulted in penalties totalling £67 13s. 0d. being imposed, are given in the following statement :—

Offences.	Penalties imposed. £ s. d.
Selling Milk containing added water (two cases)	27 7 0
Selling Butter Drops deficient in butter content (one case)	7 2 0
Selling Ice Cream deficient in fat (three cases)	21 9 0
Being in possession of meat unfit for, but intended for sale for, human consumption (one case)	8 0 0
Selling Pork Sausages deficient in meat content (one case)	3 15 0
TOTAL	£67 13 0

Selling Butter Drops deficient in butter content (one case)* Dismissed.

*This case was dismissed after a warranty plea by the defence had been accepted by the magistrates. The wholesalers were then prosecuted and convicted. The result is included in the tabular list of penalties imposed.

The watered milk cases were in connection with farmers' supplies to a dairy company. The offences were detected by the routine checking by the Food and Drugs staff of the milk received at the dairy.

The prosecution in relation to unfit meat arose out of the discovery in a butcher's shop of some diseased and unsound meat. The butcher alleged that the meat was intended for a friend's greyhounds but his contention was not accepted by the magistrates, who imposed a penalty. The meat had already been seized and taken before a magistrate who had ordered it to be destroyed.

In addition to cases taken to prosecution, official warnings were given in ten cases of milk fat deficiency, one of beef suet deficient in fat, one of chocolate confectionery wrongly described, one of cooking fat wrongly labelled as lard, one of gelatine, four cases of ice cream deficient in either fat content or milk solids content, one case of ice cream lollies wrongly labelled and containing a small amount of lead, one case of malt vinegar deficient in acetic acid, three cases of pork sausage deficient in meat content and three cases of meat paste similarly deficient.

MILK AND DAIRIES REGULATIONS.

The Presence of Tubercle Bacilli in Milk.—In the table which follows will be found particulars relating to the 54 bulk samples of raw milk which were taken during the year in order that the biological test might be applied. Tubercle bacilli proved to be present in five, or 9·26 per cent., of the samples.

TABLE XXXIX.—*Results of Biological Tests of Bulk samples of Milk taken during the year 1953.*

Source of Sample			No. of milk samples taken	Results of tests		Percentage tuberculous	No. of cows slaughtered
				Non- tuberculous	Tuberculous		
City of Sheffield	..	..	2	2	nil	nil	nil*
Yorkshire West Riding	..		51	47	4	7·84	3
Derbyshire	..	..	1	nil	1	100·00	1
Totals	..	..	54	49	5	9·26	4

*One cow from a Sheffield farm was slaughtered under the provisions of the Tuberculosis Order, upon being found by an Inspector of the Ministry of Agriculture and Fisheries to be in a tuberculous condition.

The following table gives a very clear indication of the extent of tuberculous infection in raw milk sampled in Sheffield between the years 1931 and 1953.

TABLE XL.—*Tubercle in Raw Milk.—Details of samples of Raw Bulk Milk taken in Sheffield for Biological Examination for the presence of Tubercle Bacilli.*

Year	Total Samples	No. of Tuberculous Samples	Percentage Tuberculous
1931	1,035	79	7·63
1932	821	66	8·04
1933	984	84	8·54
1934	986	86	8·72
1935	903	77	8·53
1936	583	50	8·58
1937	599	55	9·18
1938	994	82	8·25
1939	837	82	9·80
1940	500	50	10·00
1941	785	53	6·75
1942	795	68	8·55
1943	880	83	9·43
1944	837	46	5·50
1945	511	42	8·22
1946	505	33	6·53
1947	402	65	16·17
1948	602	54	8·97
1949	661	55	8·32
1950	403	38	9·43
1951	435	45	10·34
1952	277	15	5·42
1953	54	5	9·26
TOTALS ..	15,389	1,313	8·53

NOTE.—The decrease in the number of raw milk samples examined for tubercle bacilli was due to Sheffield becoming a “Specified Area” wherein all milk sold must be of special designation.

Pasteurised Milk.—Twenty-five samples of pasteurised milk were subjected to the biological test for the presence of tubercle bacilli. The whole of the samples gave negative results.

Cream.—Four samples of cream were tested for the presence of tubercle bacilli and gave negative results.

The Presence of Brucella Abortus in Raw Milk.—Fifty-four samples of raw milk were examined for the presence of brucella abortus and two or 3·70 per cent., of the samples were found to be affected.

Milk and Dairies Regulations and Milk (Special Designation) Regulations.—The Inspectors made 185 visits to dairy premises to secure compliance with the above Regulations.

Food and Drugs (Milk and Dairies and Artificial Cream) Act, 1950.—Sheffield was made a Specified Area under the above Act on May 1st, 1953. The effect of this was to prohibit the sale in Sheffield of raw undesignated milk. The sales of pasteurised and sterilized milks now represent 96 per cent. of the total supply. The changeover from raw to designated milk was effected with little friction and it has now been possible to secure that retail sales are made exclusively in sealed bottles.

Milk of Special Designation.—The following table indicates the amount of milk of special designation sold daily in the City in 1953. The estimated daily average consumption of milk in the City during the year was 42,463 gallons, and it will be seen from the figures given below, that of this amount 41,641 gallons was designated milk.

TABLE XLI.—*Daily Sales of Designated Milk in the City during the year 1953.*

Type of Designated Milk.	Number of gallons sold.	Percentage of City's total milk supply.
HEAT TREATED MILKS.		
Pasteurised	30,067	70·81
Tuberculin Tested Milk Pasteurised	8,358	19·68
Sterilised Milk	2,416	5·69
TOTAL	<u>40,841</u>	<u>96·18</u>
RAW MILKS.		
Tuberculin Tested	590	1·39
Accredited	210	0·49
TOTAL	<u>800</u>	<u>1·88</u>
TOTAL (all types)	41,641	98·06

The Tuberculin Tested Milk sold in the City was wholly farm bottled and was delivered direct to the consumer from the producers' premises. There are six farms in the City producing this milk and one of them produces Channel Island Attested Milk, which is sold with a guarantee that it has a minimum milk fat content of 4 per cent. Tuberculin Tested Milk produced on fourteen farms outside the City area is also sold in Sheffield.

The sales of Pasteurised Milk in the City have shown a steady increase each year, and there are at present in Sheffield three large modern pasteurising plants, all operating new "High Temperature Short Time" pasteurising machines. In addition, there is a small plant of this type at another dairy and two small "Holder" pasteurising plants are operated by two other dairymen. A small quantity of pasteurised milk is brought into the City from outside areas.

There were three unsatisfactory phosphatase tests during the year, each from separate pasteurising plants. Singularly enough the failures were all from the "holder" type of plant and illustrate that these machines would benefit from some form of automatic temperature control such as the H.T.S.T. plants possess. One failure was from a Sheffield dairy operating a small "holder" plant and was due to the underheating of the milk to the extent of 12 degrees Fahrenheit. The failure to heat the milk correctly was due to an error on the part of the operator and was attributed to the amount of overwork he had carried out because of heavy snow at the time. This failure was the only unsatisfactory sample this dairy had experienced and results since then have been uniformly satisfactory. The second failure was from another Sheffield dairy operating a similar "holder" plant and the temperature at which the milk had been heated was below 145 degrees Fahrenheit. No explanation could be made for this happening and it was probably due to the operator trying to heat at barely 145 degrees Fahrenheit. Each of these failures was in respect of milk sold as pasteurised and in each case the recording charts clearly indicated the underheating of the milk. The third sample was Tuberculin Tested Milk Pasteurised derived from a plant outside Sheffield and was an isolated sample, all the subsequent samples taken being satisfactory. This sample was examined biologically for tuberculosis and gave negative results.

Two samples of milk, one pasteurised and one tuberculin tested pasteurised, gave unsatisfactory Methylene Blue test results. Both samples were taken from the same dairy on the same day and had been processed by the same plant, which was of modern H.T.S.T. type. The reason for the failure to pass the Methylene Blue Test was the inadequate cooling of the milk after pasteurisation, occasioned by the failure of the refrigeration equipment to reduce the cooling medium, chilled water, to a low enough temperature.

Frequent checks are made of the supply of Tuberculin Tested Milk received by pasteurising dairies to ensure that the milk is in fact received from Tuberculin Tested Milk producers and also to see that the quantities of this milk sold do not exceed the quantities received.

The sterilised milk sold in the City is processed at three plants, two of which are in districts outside Sheffield. The bulk of this milk is sold in grocers' shops and it will be seen that the bacteriological tests were all satisfactory.

The sampling figures obtained in Sheffield of tuberculous infection and infection by brucella abortus in raw undesignated milk show these infections to be at a high rate, and make it imperative that the whole of the City's milk supply should be of milk guaranteed free from disease. 40,841 gallons or 96.18 per cent. of the 42,463 gallons of milk consumed in the City daily were either pasteurised milk or sterilised milk, 800 gallons or 1.88 of the total supply was either tuberculin tested milk or accredited milk. Only 822 gallons of the City's supply was raw undesignated milk and after May 1st, 1953, when Sheffield was made a "specified" area, only designated milk could be sold.

It is satisfactory to be able to record that the whole of the milk supplied to school children was pasteurised milk.

Reference must again be made to a trouble apparently inherent in the delivery of milk in glass bottles. Complaints are occasionally received of milk being delivered in dirty bottles, and in nearly every case it is proved that the milk bottle has been previously contaminated by the wilful misuse by a consumer. The automatic bottle washing plants in use in modern dairies will wash any ordinary dirty milk bottle, but residues of cement, oils, disinfectants and atmospheric grime due to exposure for long periods present a much more difficult problem, the only answer to which is the efficient scrutiny of every washed bottle as it emerges from the machine.

Bacteriological Examinations of Milk.—Details of the various tests which were applied to Designated Milks during the year are given in the following statement :—

Description of milk					Nature of test	No. of samples tested	No. of samples which were satisfactory
Pasteurised Milk	..	..	..	..	Methylene Blue	263	262
„	„	..	..	..	Phosphatase	253	251
„	„	..	..	..	Bacterial Count	11	10
„	„	..	..	..	Bacillus Coli	257	*215
Tuberculin Tested Milk (Pasteurised)	..				Methylene Blue	237	236
„	„		„	..	Phosphatase	230	229
„	„		„	..	Bacterial Count	9	9
„	„		„	..	Bacillus Coli	234	*205
Sterilised Milk	..	..	..	..	Turbidity	40	40

* No Bacillus Coli in a millilitre of the milk.

ICE CREAM.

Bacteriological Examination.—195 samples of Ice Cream were submitted for bacteriological examination during the year.

The whole of the samples were subjected to the Provisional Methylene Blue Test for Ice Cream and the Bacillus Coli Test.

GENERAL SUMMARY.

Total number of samples taken.

*Methylene Blue Test.

	Grade 1.	Grade 2.	Grade 3.	Grade 4.
195	101	53	22	19

**Explanatory Note.*—In the provisional methylene blue test the grade classifications are as follows :—GRADES ONE and TWO—satisfactory. GRADE THREE—fair, capable of improvement. GRADE FOUR—unsatisfactory.

Bacillus Coli Test.

Total number of samples.

Satisfactory.

Unsatisfactory.

195

108*

87

*No B.Coli in one millilitre.

CLASSIFIED SUMMARY.

HEAT-TREATED ICE CREAM.

Methylene Blue Test.

Bacillus Coli Test

Grade 1.	Grade 2.	Grade 3.	Grade 4.	Satisfactory	Unsatisfactory
84	52	20	18	96	78

COLD MIX ICE CREAM.

Methylene Blue Test.

Bacillus Coli Test.

Grade 1.	Grade 2.	Grade 3.	Grade 4.	Satisfactory	Unsatisfactory
17	1	2	1	12	9

Chemical Analysis.—Until June 1st, 1953, the standard of composition for ice cream was prescribed by the Food Standards (Ice Cream) Amendment Order, 1952. The fat content was 4 per cent., sugar content 10 per cent. and the milk solids content 5 per cent. The Food Standards (Ice Cream) Order, 1953, operative from June 1st, 1953, increased the fat and milk solids contents to 5 per cent. and 7½ per cent. respectively.

During the year, 95 formal samples of ice cream were taken from vendors and submitted to the Public Analyst for analysis. The average fat content of these 95 samples was 7·81 per cent. and the fat contents of the samples varied from 2·93 per cent. to 13·20 per cent. 89 samples complied with the Food Standards Order and 6 samples, the analyses of which are detailed below, failed to satisfy the standard.

DETAILS OF ANALYSES.						
. Milk Solids						
Fat %	Sugar %		other than Fat %		Remarks	Action taken
x2·93	...	above 10	...	above 5	...	Deficient in fat 26·7%... Fined £4/15/0.
4·40	...	above 10	...	above 7·5	...	Deficient in fat 12% ... Fined £6/15/0.
3·28	...	above 10	...	above 7·5	...	Deficient in fat 34·4%... Fined £9/15/0.
6·03	...	16	...	6·5	...	Deficient in milk solids 13·3% Warned.
6·97	...	16	...	6·8	...	Slightly deficient in milk solids Warned.
x1952 standard applies.						

BACTERIOLOGICAL EXAMINATION OF MISCELLANEOUS FOODS.

In addition to the bacteriological and chemical tests applied to milk sold as pasteurised or sterilised, the following samples of milk were examined :—

Description of milk.	Result of Examination.
6 Tuberculin Tested Milk samples ..	Methylene Blue test failed.
1 Raw milk sample	Phosphatase test indicated that the sample was raw milk.
2 Heat Treated milk samples	Methylene Blue tests and Phosphatase tests satisfactory.
1 Channel Island Tuberculin Tested milk sample.	Methylene Blue test satisfactory.

7 samples of a series of milk bottles and milk bottle caps were examined bacteriologically and gave satisfactory results.

49 samples of miscellaneous foods were submitted for examination for food poisoning organisms, as detailed below :—

Description of Food :	Number of samples submitted
Butter	4
Crab Paste	1
Dried Egg	2
Dried Milk	1
Frozen Egg	3
Ice Cream	1
Ice Cream Powder	1
Ice Lollies	16
Pigs Liver	1
Meat Paste	1
Boiled Peas	1
Purified Mussels	1
Pork Sausages	1
Salmon Paste.. .. .	1
Synthetic Cream	11
Toffee	1
Boiled Whelks	1
Yoghurt	1
TOTAL ..	49

MERCHANDISE MARKS ACT, 1926.

The various orders made under the above Act requiring the marking on exposure for sale of certain imported foodstuffs, including apples, butter, tomatoes, meat, bacon and ham, dried fruit, eggs, oat products and poultry were suspended in 1940 and came into force again in 1951, and Local Authorities have been asked to enforce the provisions of the Act and its orders. In connection with this work the Food Inspectors made 149 visits.

PHARMACY AND POISONS ACT, 1933.

Premises on Local Authority's list of persons entitled to sell poisons included in Part II of the Poisons List (at 31st December, 1953)	..	..	..	699
Premises added to the list of persons during the year	..	..	..	111
Number of routine visits and inspections in the year 1953	..	..	..	165

FERTILISERS AND FEEDING STUFFS ACT, 1926.

Twelve samples were taken under the above Act during the year, eight of which were satisfactory. Of the remaining four samples, three did not comply with their statutory statements and one contained an ingredient in excess of its guarantee. The vendors in each case were warned.

THE HYDROGEN CYANIDE (FUMIGATION OF BUILDINGS) REGULATIONS, 1951.

Fumigation of Food Premises with Hydrogen Cyanide.—Two flour mills were fumigated by Hydrogen Cyanide during the year. The fumigation was carried out to keep in check the infestation by grain pests which is endemic in all flour mills and associated warehouses.

Before the foodstuffs, which were in the premises during fumigation, were released for use, thirteen samples were taken of these foodstuffs and they were analysed to ensure their freedom from Hydrogen Cyanide. All the samples were satisfactory.

GENERAL SUMMARY OF WORK OF FOOD AND DRUGS SECTION FOR THE YEAR, 1953.

Visits.

Number of visits made by the Food Inspectors :—

To Markets and Food Premises	..	..	..	..	..	..	10,139
To Horseflesh and Knackers Meat Shops	..	..	..	..	..	..	607
<i>Re</i> Milk and Dairies Regulations	..	..	..	..	..	..	185
<i>Re</i> Merchandise Marks Act	..	..	..	..	..	..	149
<i>Re</i> Pharmacy and Poisons Act	..	..	..	..	..	..	165
						—	11,245

Sampling.

Number of samples taken :—

Food and Drugs Act, 1938—for analysis by Public Analyst	..	..	..	..	..	1,304
Milk samples informally examined by Public Analyst	..	..	..	..	..	76
Milk samples informally examined by Food and Drugs Inspectors	..	..	..	..	..	302
Raw Milk for examination for tuberculosis and brucellosis	..	..	..	..	..	54
Pasteurised Milk for examination for tuberculosis	..	..	..	..	..	25
Cream for examination for tuberculosis	..	..	..	..	..	4
Miscellaneous Milk samples for bacteriological examination	..	..	..	..	..	10
Food and food containers for bacteriological examination	..	..	..	..	..	56
Fertilisers and Feeding Stuffs Act—for analysis by Analyst	..	..	..	..	..	12
Ice Cream—for bacteriological examination	..	..	..	..	..	195
Hydrogen Cyanide Regulations—foodstuffs after fumigation	..	..	..	..	..	13
Designated Milk samples—for bacteriological examination :—						
Pasteurised	..	..	..	..	..	263
Tuberculin Tested Milk (Pasteurised)	..	..	..	..	..	237
Sterilised	..	..	..	..	..	40
					—	540
						2,591

Meat Inspection.

Number of pigs inspected	..	..	..	..	..	..	..	4,581
					Tons.	cwts.	qrs.	lbs.
Weight of unfit meat condemned	..	..	..	8	11	2	17	

Other Foods Inspection.

Weight of unfit food condemned	..	..	..	80	12	3	12½
TOTAL WEIGHT OF ALL UNFIT FOOD CONDEMNED				89	4	2	1½

MEAT INSPECTION

Private Slaughterhouse.—There are two private slaughterhouses in the City. One of these is used exclusively for the slaughter of pigs, and 4,323 pigs were slaughtered there in the year 1953. 21 carcasses, 231 part carcasses, and offal, representing a weight of 18,832 lbs. from these pigs, were found to be unfit for human consumption and were condemned. At the other private slaughterhouse, which is the special Horse Slaughterhouse at the Corporation Abattoir, there were 891 horses slaughtered during the year. All were examined by the Meat Inspectors.

Corporation Abattoir.—The carcase of every animal which is slaughtered for food at the Corporation Abattoir is examined by a qualified meat inspector, and any carcase suspected of being diseased is taken to the Detention Room for a final inspection. Inspections are also made of the animals whilst they are in the lairages awaiting slaughter. Any which are suspected of being diseased are taken to an Isolation Slaughterhouse, where they are slaughtered and dressed in order that they may have no contact with the healthy animals. Animals slaughtered under the Tuberculosis Order, 1938, are kept under careful observation, and are also subject to careful examination. The Ministry of Agriculture and Fisheries are at once informed of any instance where an animal is suspected as suffering from a notifiable disease.

196,380 animals of all kinds were slaughtered and inspected at the Abattoir during the year, as against 179,977 in 1952, and 194,188 of them, as against 178,427 in 1952, were slaughtered by electrical or mechanical stunning. Oxen are stunned by captive bolt pistol, and calves, sheep and pigs by the use of electrically-charged stunning tongs. The table which follows gives details regarding all animals which were slaughtered and inspected in the City in the year 1953.

TABLE XLII.—*Animals slaughtered and inspected in the City in the year 1953.*

Where Slaughtered	Oxen	Calves	Sheep and Lambs	Pigs	Horses	Total
Abattoir Main Slaughterhalls	35,723	3,723	116,941	37,428	—	193,815
Do. (Jewish Method)	522	—	1,670	—	—	2,192
Isolation Slaughterhall ..	219	18	68	68	—	373
Totals (Abattoir)	36,464	3,741	118,679	37,496	—	196,380
Totals (Private Slaughterhouses) ..	—	—	—	4,323	891	5,214
Grand Totals ..	36,464	3,741	118,679	41,819	891	201,594

Of the 201,594 animals slaughtered and inspected in the City in the year 1953, there were 1,270 whole carcasses found to be in a diseased condition and condemned, and a further 16,822 carcasses, some part or organ of which was condemned. In the following table are given further particulars relating to carcasses which were condemned, and separate information is shown in regard to carcasses which were affected with Tuberculosis.

TABLE XLIII.—*Carcasses Inspected and Carcasses Condemned in the City in the year 1953.*

Class of Animal	Oxen	Calves	Sheep and Lambs	Pigs	Horses	Total
Number killed and inspected	36,464	3,741	118,679	41,819	891	201,594
Affected with Tuberculosis—						
Whole carcasses condemned ..	342	15	3	76	—	436
Carcasses of which some part or organ was condemned	5,771	4	2	1,634	—	7,411
Total affected with Tuberculosis ..	6,113	19	5	1,710	—	7,847
Percentage of number killed affected with Tuberculosis	16·76	0·51	0·00	4·09	—	3·89
Affected with other diseases—						
Whole carcasses condemned ..	85	328	301	119	1	834
Carcasses of which some part or organ was condemned ..	5,147	49	1,067	3,023	125	9,411
Total affected with diseases other than Tuberculosis	5,232	377	1,368	3,142	126	10,245

TABLE XLIV.—Total weight of Meat found unfit for Human Consumption in the Animals Slaughtered and Inspected in the Year 1953.

		M E A T								O F F A L S								T O T A L S			
		Affected with Tuberculosis				Affected with other diseases				Affected with Tuberculosis				Affected with other diseases							
		T.	C.	Q.	L.	T.	C.	Q.	L.	T.	C.	Q.	L.	T.	C.	Q.	L.	T.	C.	Q.	L.
Cattle	...	85	13	—	7	23	16	3	2	93	12	3	7	60	5	1	10	263	7	3	26
Calves	...	—	6	1	17	5	6	1	12	—	3	—	18	3	8	1	9	9	4	1	—
Sheep	...	—	1	2	3	6	16	3	20	—	—	3	18	4	8	3	17	11	8	1	2
Pigs	...	17	12	—	24	11	4	1	8	7	2	—	1	13	9	3	11	49	8	1	16
Horses	...	—	—	—	—	—	7	3	11	—	—	—	—	1	5	1	22	1	13	1	5
TOTALS	...	103	13	—	23	47	12	—	25	100	18	3	16	82	17	3	13	335	2	—	21
T—Tons. C—Cwts. Q—Qrs. L—Lbs.																					

Cysticercus Bovis.—A routine examination of all beasts slaughtered is made by incisions into the internal and external masseter muscles and into the pillars of the diaphragm. The surface of the heart and all exposed muscle surfaces are examined.

Any evidence of *cysticercus bovis* seen during this routine inspection results in a further examination of the carcase by incisions into the thick muscles, and, if necessary, cutting the carcase into smaller joints.

If no cysts are found in the carcase, it is put into cold storage for three weeks and then checked out for manufacturing purposes. If, however, the condition is found to be generalised, the whole carcase and all the offal are rejected and destroyed.

266 carcases were found to be affected with *cysticercus bovis*.

By a local bye-law, introduced on 1st October, 1938, it is a requirement that all meat from animals killed outside the City and which is for sale for human consumption in Sheffield, excepting salted or frozen meat or meat bearing the official stamp of the Minister of Health, must be brought to the Sheffield Corporation Abattoir for inspection. Particulars of the meat which was so brought to the Abattoir in 1953 are as follows :—

	Number				Weight			
					Tons.	Cwts.	Qtrs.	Lbs.
Pigs—								
Carcases	15,131½							
Heads	17,220	94	11	—				15
Plucks	13,839	42	7	—				16
Meat and Offals	—	55	4	—				25
CATTLE—								
Carcases	27							
Meat	—	—	7	—				1
CALVES—								
Carcases	1							
Meat	—	—	—	2				13
SHEEP—								
Carcases	504							
Meat	—	4	6	2				3

Of the above meat, inspected as required by the bye-laws, a total of 3 tons, 14 cwts., 2 qrs., and 11 lbs. was found to be unfit for human consumption.

In addition, the total weight of meat imported from outside the country found unfit for human consumption was 9 tons, 18 cwts., 1 qr. and 11 lbs.

Diseases of Animals Acts (Non-Veterinary Functions).—The non-veterinary functions under the Diseases of Animals Acts are administered by the Local Authority, and the inspectors appointed for this purpose made 968 visits during the year 1953. Information is given below under the main headings of this work :—

Regulation of Movement of Swine Orders.—The major provisions of these Orders are that all swine which are exposed for sale at markets are to be subject to detention and isolation for a period of twenty-eight days after leaving the market. Licences to move the swine are issued at the Sheffield Corporation Abattoir and at Wadsley Bridge Live Stock Market, and there was systematic visiting to ensure that the provisions of the Orders were observed.

Transit of Animals Orders.—Cleansing and disinfecting of road vehicles used for the transporting of animals to the Corporation Abattoir and to and from Wadsley Bridge Live Stock Market is undertaken by the Corporation, at a small charge to cover expenses. 1,027 vehicles were cleansed and disinfected at the Abattoir during 1953.

Swine Fever.—In cases of Swine Fever, it is the duty of the Local Authority to arrange for the disposal of the carcasses of infected pigs, to notify the Ministry of Agriculture and Fisheries and also to carry out the necessary disinfection of all sties or premises which have housed the diseased animals. There were 27 suspected cases and, on further investigation, five cases were confirmed.

During the period 17th April to 29th July, the City was within the Infected Area as declared under the Swine Fever (Infected Areas) Order, 1953. The necessary Swine Fever (Infected Areas) licences were issued for the movement of Swine within the area.

Tuberculosis Order, 1938.—The Local Authority is required to supervise the disinfection of the stalls or standings in which there have been cattle affected with Tuberculosis, and 30 cattle were slaughtered in the Isolation Slaughterhouse at the Corporation Abattoir, under the provisions of this Order. Disinfection was in all cases carried out satisfactorily during the year.

Foot and Mouth Disease.—The City came within the (Infected Areas) Special Order No. 28 of 1953 and the necessary Infected Areas licences were issued for the movement of animals.

Licences were also issued for movements to Slaughterhouses in other Infected Areas in accordance with the Modification of Article 6 of the Principal Order.

There were no outbreaks of Foot and Mouth Disease in the City during the year.

METEOROLOGY

TABLE XLV.—*Meteorology during 1953. Records taken at Weston Park (430 feet above sea level).*

Week ended	Mean Barometer Corrected.	Air Maximum. Mean Daily Temperature	Air Minimum. Mean Daily Temperature	Grass. Mean Daily Temperature	Soil 1 foot. Mean Daily Temperature	Soil 4 feet. Mean Daily Temperature	Total Rainfall for the week. (inches)	Mean Daily Sunshine. (hours)
Jan. 3rd	29·79	39	34	30	36·9	41·9	0·26	0·1
10th	30·11	40	32	27	35·4	41·2	0·17	0·3
17th	30·29	46	39	32	38·2	40·9	0·04	0·9
24th	30·36	43	35	27	36·5	40·9	—	1·3
31st	29·96	47	40	35	39·4	40·6	0·57	1·5
Feb. 7th	30·23	40	33	28	37·0	41·0	0·02	1·1
14th	29·67	37	31	27	34·9	40·4	1·87	1·4
21st	30·10	48	39	34	37·1	39·8	0·24	0·9
28th	30·36	56	44	37	42·6	40·4	0·02	2·4
Mar. 7th	30·63	48	30	19	37·6	41·2	—	1·7
14th	30·72	51	38	31	38·5	42·1	0·01	1·7
21st	30·39	47	34	27	39·4	40·9	—	2·5
28th	30·31	59	40	27	41·3	41·1	1·25	4·4
April 4th	29·63	50	38	31	43·4	42·0	1·11	3·7
11th	29·86	50	36	27	42·8	42·8	0·32	4·1
18th	29·97	51	40	36	43·7	43·0	0·20	3·4
25th	30·19	56	39	30	46·5	43·7	—	7·1
May 2nd	29·75	53	39	30	46·3	44·7	1·35	4·1
9th	30·32	63	44	36	50·1	45·6	0·01	5·8
16th	29·76	59	44	40	50·7	46·9	0·41	4·0
23rd	29·99	65	50	45	53·8	48·0	1·33	4·4
30th	30·20	67	53	49	58·3	49·8	0·66	8·0
June 6th	29·86	55	44	39	54·0	51·3	0·87	3·2
13th	30·05	63	49	42	55·1	51·2	0·25	3·9
20th	29·75	63	52	48	56·4	51·9	0·75	1·8
27th	30·05	72	58	53	61·1	53·0	0·07	5·1
July 4th	30·14	71	54	52	62·2	54·6	—	7·2
11th	29·89	67	55	49	62·7	56·3	0·80	5·6
18th	29·63	65	54	49	60·7	56·9	1·43	5·3
25th	29·89	67	54	50	60·8	57·0	0·25	5·1
Aug. 1st	29·82	66	52	44	59·9	57·0	0·11	7·3
8th	30·19	71	57	50	61·7	57·1	0·15	5·7
15th	30·03	74	56	49	63·7	57·9	0·90	7·0
22nd	29·82	64	53	47	61·4	58·7	0·94	6·5
29th	29·90	64	52	45	59·9	58·4	0·88	4·4
Sept. 5th	29·96	66	52	49	59·8	58·0	0·50	5·0
12th	30·24	66	53	42	59·8	58·0	—	5·8
19th	29·87	64	50	40	58·0	58·0	0·40	3·1
26th	29·53	63	49	42	56·6	57·4	0·53	4·9
Oct. 3rd	30·08	63	51	42	56·1	56·9	0·21	3·2
10th	30·39	57	43	33	53·4	56·3	—	4·5
17th	29·97	53	44	39	50·8	55·0	1·00	0·8
24th	30·22	56	44	36	49·9	53·8	0·15	2·0
31st	29·72	53	39	32	48·3	52·9	0·83	1·6
Nov. 7th	29·73	52	41	34	45·4	51·6	0·63	2·7
14th	30·08	53	44	38	45·8	50·1	0·81	1·2
21st	30·38	53	46	39	48·0	49·7	—	0·1
28th	30·08	50	43	39	46·1	49·6	0·29	0·9
Dec. 5th	29·98	54	45	38	46·1	49·0	0·40	1·3
12th	30·20	48	43	39	46·3	48·8	0·08	0·1
19th	30·09	48	41	37	45·1	48·4	0·24	0·3
26th	30·10	48	38	28	42·9	47·7	0·31	1·1

